(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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18 JAN -2 AMII: 27
SECRETARY OF STATE
TALL AHASSEE FLORIDA

JAN 03 7 1 T SCHROEDER

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Florida	•		
SUBJECT:		of Resulting Florida Lim	ited Company)
	•		and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:	
Kenneth B. Wheeler			
	(Contact Person)		
Kenneth B. Wheeler Ll	L.M. Tax, P.A.		
	(Firm/Company)		
1155 Louisiana Ave, S	uite 100		
	(Address)		
Winter Park, Florida 32	2789		
	(City, State and Zip Code)		
kwheeler@wealthcare.	com		
E-mail Address: (to	be used for future annual re	port notifications)	
For further informat	ion concerning this ma	atter, please call:	
Kenneth B. Wheeler		_at (<u>407</u>) <u>645</u>	5-1779
(Name of Con	tact Person)		aytime Telephone Number)
Enclosed is a check	for the following amou	ınt:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDREST			ADDRESS:
Registration Section Division of Corpora		Registration Division of	1 Section Corporations
Clifton Building		P. O. Box 6	•

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

i 1

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

/ Hinter		
(Emer	Name of Other Business Entity)	
2. The "Other Business Entity" is a 2	corporation	
(Ē	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporat	ted under the laws of Florida	
January 08, 1980	(Enter state, or it a non-U.S. entity, the name of the	ne country)
(date of organization, formation or incor	rporation)	
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of O	rganization:
Florida Auto Air, LLC		
(Enter Name of	f Florida Limited Liability Company)	
4. If not effective on the date of filing	g, enter the effective date: January 1, 2018	
	rior to date of receipt or filed date nor more than 90 days	£4 4 l
(The effective date: I) cannot be placed this document is filed by the F date listed in the attached Articles of	Iorida Department of State; <u>AND</u> 2) must be the same as of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not b	the effective
(The effective date: I) cannot be produced this document is filed by the F date listed in the attached Articles (Note: If the date inserted in this block does adocument's effective date on the Department	Iorida Department of State; <u>AND</u> 2) must be the same as of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not b	the effective

ol/		
Signed this day of December	20_18	
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative: Printed Name: James Savage	MOSWAGE	_
Printed Name: James Savage	Title: Manager	
Signature(s) on bohalf of Other Business Entity:	[See below for required signature	(s)
Signature: MMD SWAJE	1.000	.
Printed Name: James Savage	Title: Director	
Signature:Printed Name:		_
Printed Name:	Title:	
Signature:Printed Name:	Title	
Signature:Printed Name:	Title:	
•		
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liability Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership	
Signatures of <u>ALL</u> General Partners.	y Entitled Farthersuip.	
All others:		
Signature of an authorized person.		FAL SE
Fees:		CRE
Articles of Conversion:	\$25.00	FILED 18 JAN -2 AHIII ECRETARY OF STRUCK LLAHASSEE, FLO
Fees for Florida Articles of Organization:	\$125.00	(*1
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	AHII: 27 OF STATES OF LORION
Certificate of Status.	\$3.00 (Optional)	27 310%
		Sp B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	y is:	
Florida Auto Air, LLC		<u> </u>
(Must end with the words "Limited	Liability Company, "L.L.C.," or "L	.LC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:	
1500 East Altamonte Drive	1500 East Altamonte D	Prive
Casselberry, FL 32730	Casselberry, FL 32730	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must design	
Robert W. Morrison		
	Name	
1155 Louisiana Ave Suite 1	00	
	(P.O. Box <u>NOT</u> acceptable	<u>e)</u>
Winter Park	FL 32789	
City	Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this constatutes relating to the proper and compacted accept the obligations of my position a Registered Agent's	ed in this certificate, I herei apacity. I further agree to c lete performance of my duti	by accept the appointment as comply with the provisions of all ies, and I am familiar with and
	TINUED) ge 1 of 2	FILED 18 JAN -2 AM II: SCONEIANY OF STA

PMCDP = Management		
"MGR" = Manager MGR	James Savage	
MGK	1500 East Altamonte Drive	
	Casselberry, FL 32730	
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	REI 2	
	AD P	
ffective date is listed, the date must	e date of filing: January 1, 2018 . (OPTION be specific and cannot be more than five busines	
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not	s day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State	be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not	s day
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LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet it's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a	the applicable statutory filing requirements, this date will not is records. er or an authorized representative of a member. eccordance with section 605.0203 (1) (b), Florida Statutes.	s day
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet its effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform	the applicable statutory filing requirements, this date will not is records. Supplied the applicable statutory filing requirements, this date will not is records.	s day
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. The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company:

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)