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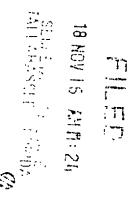
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of C | orporations | | | • |
|--|---|--|-----------|---|
| SUBJECT: Rescue A | ir, LLC | | | |
| | (Name of Res | ulting Florida Limited | Company |) |
| | | • | | s are submitted to convert an "Other lance with s. 605.1045, F.S. |
| Please return all corr | espondence concerning | g this matter to: | | |
| Keith E. Ryan | | | | |
| | (Contact Person) | | | |
| Rescue Air, LLC | | | | |
| | (Firm/Company) | | | |
| 18234 Fuchsia Road | | | | |
| | (Address) | | | |
| Fort Myers, FL 33967 | | | | |
| (1 | City, State and Zip Code) | | | |
| kwreinc@gmail.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| Keith E. Ryan | | _at (²³⁹) | 297-3639 | |
| (Name of Conta | act Person) | (Area Code) | (Daytime | Telephone Number) |
| | for the following amou a bank located in the | , | ocessed b | y this office must be payable in US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing F and Certified Copy | Cer | 5185.00 Filing Fees. nified Copy, and nificate of Status |
| | | | | |

STREET ADDRESS:

TO: New Filing Section

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Rescue Air, Inc. + 9 - 921,46 |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| November 7, 2018 on |
| On |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Rescue Air, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |
| TALL SHOW TO |

| Signed this day of November | 20_18 | |
|---|--|---|
| Signature of Authorized Representative of Limit | | |
| Signature of Authorized Representative: | Title: President | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signatu | ure(s) |
| Signature: Sonnakae | | |
| Printed Name: Donna Roe | Title: President | |
| Signature: | | |
| Signature: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 O | Officer | |
| If Directors or Officers have not been selected, an Inc | | |
| If Florida General Partnership or Limited Liabilit | v Partnership: | |
| Signature of one General Partner. | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | 7 |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | FILED 18 HOV 16 AHTH: 24 SHANG SEAT FIRSTLA |
| | | ₹. |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | |
| Rescue Air, LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 18234 Fuchsia Road | 18234 Fuchsia Road |
| Fort Myers, FL 33967 | Fort Myers, FL 33967 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the residual control of the residual cont | red Agent. You must designate an individual or another |
| | g.storou ugom ure. |
| Keith E. Ryan | |
| Name | |
| 18234 Fuchsia Road | <u> </u> |
| Florida street address (P.O. | Box NOT acceptable) |
| Fort Myers | FL 33967 |
| City | Zip |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S |
| The fle | , ~ |
| Registered Agent's Signa | ature (REQUIRED) |
| (CONTINU | JED) 5 MIN: 24 |
| | O . |

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: | Name and Address: |
|----------------------------------|---------------------------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Keith E. Ryan |
| | 18234 Fuchsia Road |
| | Fort Myers, FL 33967 |
| MGR | Donna Roc |
| | 18234 Fuchsia Road |
| | Fort Myers, FL 33967 |
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| CLE V: Other provisions, if any. | - 東東 |
| | |
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Keith E. Ryan

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)