(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON JAN 2 3 2019



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11/19/18--01027--031 **35.00



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COVER LETTER

No AR: need to bej

Division of C	Corporations			
SUBJECT:	Lyle Kreider's A/C (Name of Res	Repair, LLC sulting Florida Limited Co	ompany)	_
			nd fees are submitted to accordance with s. 605.1	
Please return all corr	espondence concerning	g this matter to: .		
Kathy Munk	elwitz			
	(Contact Person)			
Suplee Shea Cra	amer & Rocklein, P.	A		
	(Firm/Company)			
800 S Osprey A	venue		••	-4 .
	(Address)			ALIC W
Sarasota, FL 342	236			18 NOV 19 AM 9: 46
(City, State and Zip Code)	 		
kathy@suplee-she	ea.com			三
E-mail Address: (to b	be used for future annual re	port notifications)		3.00 E
For further informati	on concerning this ma	tter, please call:		
Kathy Munke	elwitz	at (941)	366-3600	
(Name of Cont	act Person)		aytime Telephone Number)	_
	for the following amount a bank located in the		ssed by this office must	be payable in US
S150.00 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 ADDRES	SS:	MAILING	ADDRESS:	
New Filing Section		New Filing		
Division of Corporat	tions		Corporations	
Clifton Building		P. O. Box 6	327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section

Articles of Conversion For "Other Business Entity" Into

PG10000 59059

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: Lyle's A/C Repair, Inc.
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a <u>corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
F	rst organized, formed or incorporated under the laws ofFlorida (Enter state, or if a non-U.S. entity, the name of the country)
OI	June 11, 2001
	June 11, 2001 (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
_	Lyle Kreider's A/C Repair, LLC (Enter Name of Florida Limited Liability Company)
(] th <u>N</u>	If not effective on the date of filing, enter the effective date: 1/1/2019 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.) Dete: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the becument'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.

Signed this 215th day of January 2019 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Syl Kuil

Printed Name: Lyle Kreider Title: Manager/Member 1984 11 Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: ______ Title: ______ Signature: _____ Printed Name: Title: Signature: Printed Name: Title: Signature: Signature: ______ Title: ______ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

SECRETARE TO STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:	
Lyle Kreider's A/C Repair, LLC		
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "l.L	.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:	
4451 Hackamore Road	4451 Hackamore	Road
Sarasota, FL 34241	Sarasota, FL 3	4241
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regbusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must design	d Agent's Signature: nate an individual or another
<u>Lvle Kreider</u>		
Nai	me	
4451 Hackamore I	Road	
Florida street address (P.	.O. Box <u>NOT</u> acceptabl	e)
Sarasota	FL 3424	1
City	FL 3424 Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as i	l in this certificate, I here acity. I further agree to te performance of my dut	by accept the appointment as comply with the provisions of all ies, and I am familiar with and
Ish t	Leut	-
Registered Agent's Si	ignature (REQUIRED) INUED)	FILED 18 NOV 19 AM 9: 46 SEGRETARY FIRMING

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Work - Wallager	
	.
MGR	Lyle Kreider
	4451 Hackamore Rd
	Sarasota, FL 34241
	3d1 dSULd.,
	CE 7
	AT T
(Use attachment if necessary)	
	<i>3</i> ′
LE V: Other provisions, if any.	
<u> </u>	· · · · · · · · · · · · · · · · · · ·
DECLUDED CLONATURE	
REQUIRED SIGNATURE:	
-	
Jeff Kunt	
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware th
Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware th
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the innent to the Department of State constitutes a third degree felo
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Lyle Kreiden	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the innent to the Department of State constitutes a third degree felo

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