(Re	equestor's Name)	-
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only

K PACE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2019

SEAN A SUPPLE 1562 SHOREWOOD DR AUBURNDALE, FL 33823

SUBJECT: AIR AVENUE, LLC Ref. Number: W19000088018

We have received your document for AIR AVENUE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

Letter Number: 219A00020239

COVER LETTER

TO: New Filing So Division of Co					
SUBJECT: Air Aver	nue. LLC				
	(Name of Res	ulting	g Florida Limite	d Com	ipany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g thi	s matter to:		
Sean A Supple					
	(Contact Person)		· - ····		
	(Firm/Company)				
1562 Shorewood Drive	·		·		
	(Address)				
Auburndale FL 33823					
((City. State and Zip Code)				
seansupp83@gmail.co	om				
E-mail Address: (to b	e used for future annual re	port r	notifications)		
For further information	on concerning this ma	tter,	please call:		
Sean Supple		at	(862	292-5	6637
(Name of Conta	ct Person)	_"	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		•	ocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS	S:		MAILI	NG A	ADDRESS:
New Filing Section			New Fil	-	
Division of Corporat	ions				orporations
Clifton Building	.		P. O. Bo		
2661 Executive Cent	er Circle		Lallahas	see, l	FL 32314

Tallahassee, FL 32301

Articles of Conversion For

"Other Business Entity"

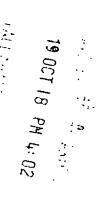
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Air Avenue, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation DIG - 2835 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or it a non-U.S. entity, the name of the country)
01/07/2019 оп .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Air Avenue, 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.



Signed this the day of vprenter	20 19	
Signature of Authorized Representative of L	· ,	
Signature of Authorized Representative: Printed Name: Sean Supple	Title: Owner	
Signature(s) on behalf of Other Business Entir	v: [See below for required signa	iture(s)j
Signature: OF Printed Name: Angela Ford	Title: President R	egistered.Agent
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 If Directors or Officers have not been selected, a		
If Florida General Partnership or Limited Lis Signature of one General Partner.	ability Partnership:	
If Florida Limited Partnership or Limited Lissinguatures of ALL General Partners.	ability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organizati Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	19 OCT 18 PM 4: 02
		20:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	d Liability Compai	iny is:	
ir Avenue, LLC			
	tain the words "Limited"	Liability Company, "L.L.C.," or "LL	C.")
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
RTICLE II - Address the mailing address and		the principal office of the L	imited Liability Company is:
rincipal Office Addre	<u> </u>	Mailing Address:	
562 Sharewood Drive			
ubumdale. FL 33823			
hasiness entity with an active be name and the Floric	-	of the registered agent are:	
Sear	n A Supple		
		Name	
1567	2 Shorewood Drive		
Flo	orida street addres	ss (P.O. Box <u>NOT</u> acceptabl	e)
A. L		FI 33823	
<u> A05</u>	oumdale City	FL 33623 Zip	
	City	21p	
Havina haan namad e	as realistered apont		acazyor me doore mateu minate
registered agent and t statutes relating to t	at the place design agree to act in this the proper and con	nated in this certificate, I here s capacity. I further agree to mplete performance of my du	by accept the appointment as comply with the provisions of all ties, and I am familiar with and ided for in Chapter 605, F.S.,
liability company o registered agent and o statutes relating to t	at the place design agree to act in this the proper and contions of my position	nated in this certificate, I here s capacity. I further agree to mplete performance of my du	by accept the appointment as comply with the provisions of all tics, and I am familiar with and
liability company o registered agent and o statutes relating to t	at the place design agree to act in this the proper and contions of my position. Registered Agent	nated in this certificate, I here s capacity. I further agree to mplete performance of my due n as registered agent as prov	by accept the appointment as comply with the provisions of all tics, and I am familiar with and

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

AMBR" = Authorized Membe	st.
MGR" = Manager	Comp. A. Compala
GR or President	Sean A Supple
	1562 Shorewood Drive
	Auburndale FL 33823
	- ; · · ·
Jse attachment if necessary)	
Use attachment if necessary) EV: Other provisions, if any.	
	3
E V: Other provisions, if any.	
E V: Other provisions, if any.	
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb	per or an authorized representative of a member ordance with section 605.0203 (1) (b), Florida Statutes, I am awar a document to the Department of State constitutes a third degree
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb This document is executed in accounty false information submitted in	ordance with section 605,0203 (1) (b), Florida Statutes, I am awar