# 12000078766

(Red	questor's Name)	
(Ado	dress)	
bbA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

William

FX9 18 2020

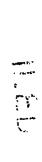
T. SCOTT



900341593109

03/03/20--01020 --000 \*\*150.00





#### **COVER LETTER**

TO: New Filing So Division of Co				
SUBJECT: JMAK Co	poling and Heating Inc			
3003CC1.	(Name of Res	ulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Carol Pasquarosa				
	(Contact Person)			
CJPConsultingFL LLC				
	(Firm/Company)		-	
1696 Dittmer Circle SE				
	(Address)		•	
Palm Bay, FL 32909				
((	Tity, State and Zip Code)	<del></del>	•	
cjpconsultingfl@gmail.	com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further information	on concerning this ma	tter, please call:		
Carol Pasquarosa		_at ( <u>954</u>	、391-	1214
(Name of Conta	ct Person)	(Area Code	(Day	time Telephone Number)
	or the following amou a bank located in the		orocess	sed 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing So	ection		New	Filing Section
Division of C P.O. Box 632	•			ion of Corporations Centre of Tallahassee
1 .0. DUX 034	I		THE	CHITE OF FAHAHASSEC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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:  JMAK Cooling and Heating Inc - (100) (100) (100) (100)
(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
(Enter state, or if a non-U.S. entity, the name of the country)
01/31/2020 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JMAK Cooling and Heating 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 24th day of February	20 <u></u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Jonathan Wescott	GAR With
Printed Name: Jonathan Wescott	Title: MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Jonathan Wescott	
Printed Name Jonathan Wescott	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	777.1
Printed Name:	
Signature:Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$20.00 (Ontional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

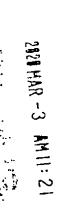
### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JMAK Cooling and F		
iMu	st contain the words "Limited Lia	bifity Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad	dress:	
The mailing addres	s and street address of the	principal office of the Limited Liability Company is
Principal Office A	ddress:	Mailing Address:
415 West Merritt Isla	ind Causeway Unit 1	415 West Merritt Island Causeway Unit 1
Merritt Island, FL 329  ARTICLE III - Re(The Limited Liability Co	egistered Agent, Registe	415 West Merritt Island Causeway Unit * Merritt Island, FL 32952  red Office, & Registered Agent's Signature: egistered Agent, You must designate an individual or another
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own Roctive Florida registration.) Florida street address of th	Merritt Island, FL 32952  red Office, & Registered Agent's Signature: egistered Agent, You must designate an individual or another
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own Rective Florida registration.) Florida street address of the Jonathan Wescott	merritt Island, FL 32952  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another are registered agent are:
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own Rective Florida registration.) Florida street address of the Jonathan Wescott	Merritt Island, FL 32952  red Office, & Registered Agent's Signature: egistered Agent, You must designate an individual or another
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ARTICLE III - Re (The Limited Liability Cr- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Rective Florida registration.)  Florida street address of the Jonathan Wescott  No. 415 West Merritt Island Ca	med Office, & Registered Agent's Signature: red Agent. You must designate an individual or another me registered agent are:
ARTICLE III - Re (The Limited Liability Cr- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Rective Florida registration.)  Florida street address of the Jonathan Wescott  No. 415 West Merritt Island Ca	merritt Island, FL 32952  red Office, & Registered Agent's Signature: egistered Agent, You must designate an individual or another are registered agent are: useway Unit 1

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



## ARTICLE IV-

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

"AMBR" = Authorized Member	······································
"MGR" = Manager	
MGR	Jonathan Wescott
	415 West Merritt Island Causeway Unit 1
	Merritt Island, FL 32952
MGR	Daniel White
	415 West Merritt Island Causeway Unit 1
	Merritt Island, FL 32952
MGR	AL Młodynia
<del></del>	415 West Merritt Island Causeway Unit 1
	Merritt Island, FL 32952
(Use attachment if necessary)	
(vise attachment in necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	<u> </u>
	<u>~</u>
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree for

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)