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

Office Use Only

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COVER LETTER

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of C	Corporations	_			
SUBJECT:	AIR R	ESTORAT	IONS	LLC	
5000E01.		sulting Florida Limited Co			
	s of Conversion, Artic o a "Florida Limited L	_			
Please return all corr	espondence concernin	g this matter to:			
THEO	Ruija	Н			2021 1
AIRR	RUIJG (Contact Person) ESTORAT	TONS LL	\subset	74. 77. 87.	2021 HAR -9
201 975	(Firm/Company) AVENUE	NE			9 AK 10:
ST. PET	(Address)	FL 33	70/	Ģ.	e: 30
TRIAVI	City. State and Zip Code) ATTO A Dec used for future annual re	GMAIL.	COM		
	ion concerning this ma	•			
THEO R	uijan	_at (5/6) 5	raytime Telephone	-57	
			,		
	for the following amou a bank located in the	•	essed by this offi	ice must be paya	ble 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 Fees and Certified Copy	□\$185.00 Fili Certified Copy Certificate of S	, and	
Mailing Add New Filing S	Section	Nev	eet Address: v Filing Section		
Division of C	orporations -	Div	ision of Corpora	HIONS	

P.O. Box 6327

Tallahassee, FL 32314

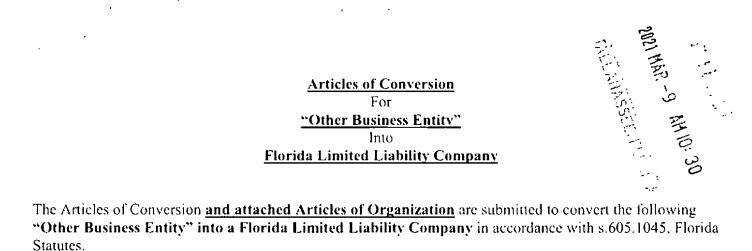
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

A\R\RESTORATIONS\INC.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a TNC (S CORP)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 3/01/2020 (date of organization, formation or incorporation)
(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 RESTORATIONS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 03/03/2021.
(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.

P2000013199

Signed this 3 day of $MARCH$	_20 <u></u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: THEO RUIJAW	Title:PRESIDENT	
Signature(s) on behalf of Other Business Entity:	•	
Signature: THEO RUIJO	Title: PRESIDENT	ر د ا
Signature: Printed Name:	Title:	****
Signature: Printed Name:		
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature: Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	corporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: AIR RESTORATIONS LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
TAVARES FL 32778 ST PETERSBURG FL 3370)/
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

THEO RUIJGH

Name

201 9TH AVENUE NE

Florida street address (P.O. Box NOT acceptable) STPETERSBURG FL FL 3370/

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)

Title:	Name and Address:	100
"AMBR" = Authorized Member		(1),
"MGR" = Manager		3
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•		<u> </u>
MGR/AMBR		
110 R/M 10R	THEO RUIGH	
	201 9TH AVENU	VE VE
	ST PETERSBUI	CU FC SE
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(Use attachment if necessary)		
(Ose attachment if necessary)		
LE V: Other provisions, if any.		
		
		
REQUIRED SIGNATURE:		
RECORRED SIGNATIONE.	-11 20	
	1/1/1/1/SP >	
	11/1/16/0	
	11/1/160	
	an authorized representative of a	
This document is executed in accordance	with section 605.0203 (1) (b), Florida Stat	tutes. I am aware
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Sta- ment to the Department of State constitutes	tutes. I am aware
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Stanent to the Department of State constitutes	tutes. I am aware
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Stat	tutes. I am aware

ARTICLE IV-