# L21000188636

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certified Copies	ficates of Status
Special Instructions to Filing Office	er:





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2021 ACC 13 PM R2: 19

4/13/2021

### **COVER LETTER**

TO:	New Fifing Son Division of C					
		•				
SUBJ	ECT:	um AC Services, LLC (Name of Res	_ sulting Florida L	imited Cor	npany)	_
The er Busine	iclosed Articlesess Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organiz iability Comp	zation, ar any" in a	nd fees are submitted to eccordance with s. 605.1	convert an "Other 045, F.S.
Please	return all corre	espondence concernin	g this matter t	0:		
Jonath	an Doron					
Momer	ntum AC Service	(Contact Person)	-			
		(Firm/Company)				
3113 N	l Armenia Ave					
		(Address)	<u> </u>			
Tampa	, FL 33609					
		City, State and Zip Code)				
	and@momentum					
E-m	ail Address: (to b	e used for future annual re	port notification:	s)		
For fur	ther information	on concerning this ma	tter, please ca	ll:		
Jonath	an Doron		at ( <sup>352</sup>	)_222-{	8044	
	(Name of Conta	ct Person)		de) (Day	rtime Telephone Number)	_
Enclos dollars	ed is a check for and drawn on	or the following amou a bank located in the	nt: (All check United States)	s proces	sed by this office must b	pe payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified €		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	#73 To 1
	Mailing Addr New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		New I Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	810

#### **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.

(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 n	name of the country)
01/12/2017	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
Momentum AC Services, 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 the date this document is filed by the Florida Department of State.)	calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	al rights the amount to
	2021 Aug
	- - -
	<del></del>

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Li	ability Company is:		
Momentum AC Services, LLC		<del> </del>	
(Must contain t	he words "Limited Liabilii	y Company, "L.L.C.," or "LLC.";	)
ARTICLE II - Address:			
The mailing address and str	eet address of the pi	rincipal office of the Limi	ted Liability Company is:
Principal Office Address:		Mailing Adduses	
Trincipal Office Address.		Mailing Address:	
3113 N Armenia Ave		3113 N Armenia Ave	
Tampa, FL 33607	·	Tampa, FL 33607	
ARTICLE III - Registered	l Agent Registered	l Office & Registered A	gent's Signature
(The Limited Liability Company can	not serve as its own Regis	tered Agent. You must designate a	an individual or another
business entity with an active Floric	la registration.)		
The name and the Florida st	reet address of the r	egistered agent are:	
lonathae	n Doson		
Jonathar	Name		
	Name	-	
3113 N A	Armenia Ave		
Florida	street address (P.O	. Box <u>NOT</u> acceptable)	
Tampa		FL 33607	
	City	Zip	
liability company at the registered agent and agree statutes relating to the pi	e place designated in e to act in this capac coper and complete p	this certificate, I hereby a itv. I further agree to com	ply with the provisions of all and I am familiar with and
			762
Regi	istered Agent's Sign	ature (REQUIRED)	- 1521 Kr iv
<u> </u>			
	(CONTIN	HFD)	<del>-</del>
(CONTINUED)		~ 7	

A	D	TI	F	: IX	7_
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability
Company:

MGR" = Manager  MGR  Jonathan Doron  3113 N Armenia Ave  Tampa, FL 33607  MGR  Nadav Avizedek  3113 N Armenia Ave  Tampa, FL 33607  Samny Michell  3113 N Armenia Ave  Tampa, FL 33607  Samny Michell  3113 N Armenia Ave  Tampa, FL 33602  Use attachment if necessary)  EV: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee  Filling Fees  S125.00 Filling Fee for Articles of Organization and Designation of Registered	Title:	
Jonathan Doron 3113 N Armenia Ave Tampa, FL 33607  MGR  Nadav Avizedek 3113 N Armenia Ave Tampa, FL 33607  Sammy MHchell 3113 N Armenia Ave Tampa, FL 33607  Sammy MHchell 3113 N Armenia Ave Tampa, FL 33602  Use attachment if necessary)  EV: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered	"AMBR" = Authorized Member	
3113 N Armenia Ave Tampa, FL 33607  MGR  Nadav Avizedek 3113 N Armenia Ave Tampa, FL 33607  MGR  Sammy MHchell 3113 N Armenia Ave Tampa, FL 33607  Sammy MHchell 3113 N Armenia Ave Tampa, FL 33607  Use attachment if necessary)  EV: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered		Janathan Daran
Tampa, FL 33607  Nadav Avizedek  3113 N Armenia Ave Tampa, FL 33607  Sammy Milchell 3113 N Armenia Ave Tampa, FL 33602  Use attachment if necessary)  EV: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered	WIGK	
Nadav Avizedek  3113 N Armenia Ave Tampa, FL 33607  Sammy Michell 3113 N Armenia Ave Tampa, FL 33603  Use attachment if necessary)  LE V: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered		
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Sammy Milchell 3113 N Asmenia Ave Tampa, FL 33602  Use attachment if necessary)  EV: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered	<del></del>	3113 N Armenia Ave
Use attachment if necessary)  LE V: Other provisions, if any.  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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Jonathan Doron, Member  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered		Tampa, FL 33607
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Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered	(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	,
Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered	REQUIRED SIGNATURE:  Signature of a member This document is executed in accord any false information submitted in a cord	ance with section 605,0203 (1) (b). Florida Statutes, Lam aware
Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered	Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S.	ance with section 605,0203 (1) (b). Florida Statutes, Lam aware
	Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b), Florida Statutes, I am aware locument to the Department of State constitutes a third degree fe
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Signature of a member This document is executed in accord any false information submitted in a cas provided for in s.817.155, F.S.  Jonathan Doron, Member	ance with section 605.0203 (1) (b), Florida Statutes. I am aware locument to the Department of State constitutes a third degree fe  Typed or printed name of signee  Filing Fees
ŗ	Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S.  Jonathan Doron, Member  \$125.00 Filing Fee for Article	Typed or printed name of signee  Filing Fees es of Organization and Designation of Registered
	Signature of a member This document is executed in accord any false information submitted in a c as provided for in s.817.155, F.S.  Jonathan Doron, Member  \$125.00 Filing Fee for Article	Typed or printed name of signee  Filing Fees  es of Organization and Designation of Registered

Signed this 27 day of	Inuar) 2021.
Signature of Authorized Repre	sentative of Limited Liability Company:
Signature of Authorized Represe	ntativa
Printed Name: Jonathan Doron)	
	D 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Signature(s) on betrathorOther	Business Entity: [See below for required signature(s)]
Signature:	
Printed Name Jonathan Waysman	Title: President
Signature:	
Printed Name: Jonathan Doron	Title: Treasurer
	<u> </u>
Signature: Printed Name: Sammy Mitchell	Title: Treasurer
Printed Ivanie. Samily whethen	Title: Treasurer
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	77.1
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chair	man, Director, or Officer.
If Directors or Officers have not be	een selected, an Incorporator must sign.
If Florida General Partnership o	x Limited Liability Partnership
Signature of one General Partner.	Ennice Enablity Latther ship.
If Florida Limited Partnership o	r Limited Liability Limited Partnership:
Signatures of ALL General Partne	rs.
All others:	
Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2021 APA 13 FLAS



APR 0.5 2021

Central Correspondence

March 11, 2021

JONATHAN DORON 3113 N ARMENIA AVE TAMPA, FL 33609

SUBJECT: MOMENTUM AC SERVICES, LLC

Ref. Number: W21000033266

We have received your document for MOMENTUM AC SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

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

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 821A00005217

www.sunbiz.org



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

### **Detail by Officer/Registered Agent Name**

Florida Profit Corporation

MOMENTUM AC SERVICES, INC.

**Filing Information** 

Document Number

P17000004735

FEI/EIN Number

81-5057203

Date Filed

01/12/2017

State

FL

**Status** 

**ACTIVE** 

Last Event

**AMENDMENT** 

**Event Date Filed** 

12/03/2018

**Event Effective Date** 

NONE

Principal Address

3113 N ARMENIA AVE

TAMPA, FL 33607

Changed: 05/28/2019

**Mailing Address** 

3113 N Armenia Ave

TAMPA, FL 33607

Changed: 01/16/2020

Registered Agent Name & Address

WAYSMAN, JONATHAN 3113 N Armenia Ave

TAMPA, FL 33607

Address Changed: 01/16/2020

Officer/Director Detail

Name & Address

Title P

WAYSMAN, JONATHAN 3300 HENDERSON BLVD.

SUITE 206-A TAMPA, FL 33609

Title T

DORON, JONATHAN 3300 HENDERSON BLVD. SUITE 206-A TAMPA, FL 33609

Title T

MITCHELL, SAMMY O. 3300 HENDERSON BLVD. SUITE 206-A TAMPA, FL 33609

#### **Annual Reports**

Report Year	Filed Date
2018	01/17/2018
2019	02/12/2019
2020	01/16/2020

#### **Document Images**

01/16/2020 ANNUAL REPORT	View image in PDF format
02/12/2019 ANNUAL REPORT	View image in PDF format
12/03/2018 Amendment	View image in POF format
10/19/2018 - Amendment	View image in PDF format
01/17/2018 - ANNUAL REPORT	View image in PDF format
08/03/2017 Amendment	View image in PDF format
07/18/2017 Amendment	View image in PDF format
01/23/2017 - Name Change	View image in PDF format
01/12/2017 Domestic Profit	View image in PDF format

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