L21000247618

(Requestor's Name)				
(Address)	100363238881			
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)	04/07/21	01024020 ++150.00		
(Document Number)				
Certified Copies Certificates of Status		ALLAHASSEE FLORIDA		
Special Instructions to Filing Officer:		SSEELF		
	Micsig	LAHASSEELFLORIDA		
No.				

Office Use Only

<u>(</u>-

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: OurAIR, LLC	
	e of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045. F.S.
Please return all correspondence con-	cerning this matter to:
Laura Kristine Sundberg	
(Contact Person)
Zimmerman, Kiser & Sutcliffe, P.A.	
(Firm/Company)
315 E Robinson St., Ste 600	
(Address)	
Orlando, FL 32801	
(City, State and Zip	Code
corporate@zkslawfirm.com	
E-mail Address: (to be used for future ar	unual report notifications)
For further information concerning the	us matter, please call:
Barbie Blandina	at (407)425-7010
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located	amount: (All checks processed by this office must be payable in US in the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations	Street Address: New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2021

LAURA KRISTINE SUNBERG 315 E ROBINSON ST STE 600 ORLANDO, FL 32801

SUBJECT: OURAIR, LLC Ref. Number: W21000065078

We have received your document for OURAIR, 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.

Tim Burch Senior Section Administrator

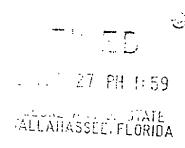
Letter Number: 021A00009929

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: HerAIR, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
01/24/2018 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: OurAIR, 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 5th	_ day of <u>April</u>		
Signat	ture of Author	rized Representative o	f Limit	ed Liability Company:
Signat Printec	ure of Authori I Name; <u>Sam Lu</u>	zed Representative:	Sam	Lucas Title: Manager
Signat	ture of Autho	rized Representative o	of Limi	ted Liability Company:
Signat Printed	ure of Authori I Name: <u>Sam Lu</u>	zed Representative:	Sam	Lucas Title: Manager
Signati Printec	ure: l Name:		<u>. </u>	_ Title:
				_ Title:
				_Title:
				_ Title:
				_ Title:
If Flor Signate	<mark>ida Corporati</mark> ure of Chairmai		tor, or C	Officer.
<u>If Flor</u> Signati	rida General P are of one Gene	artnership or Limited I ral Partner.	<u>Liabilit</u>	v Partnership:
<u>If Flor</u> Signatu	rida Limited Pa ures of <u>ALL</u> Go	artnership or Limited L eneral Partners.	_iabilit	y Limited Partnership:
<u>All oth</u> Signati	iers: ure of an author	ized person.		
Fees:				
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organizat y:	tion:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OurAIR, LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ADTICLEMAN	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2665 N. Atlantic Ave. #322	2665 N. Atlantic Ave. #322
Daytona Beach, FL 32118	Daytona Beach, FL 32118
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Name	<u> </u>
2665 North Atlantic Ave., #322	
Florida street address (P.O.	
Daytona Beach	32118
City	<u> </u>
Cny	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 605, F.S
Sam Lucas Registered Agent's Sign	
Registered Agent's Sign	ature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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 MGR/AMBR	Sam Lucas		
	2665 N. Atlantic Ave., #322		
	Daytona Beach, FL 32118		
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(Use attachment if necessary)))	ũ
CLE V: Other provisions, if any,			
		 	
			
REQUIRED SIGNATURE:			
Sam Lucas			

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 aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sam Lucas

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)