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PICK-UP WAIT MAIL
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TALLAHASSEE, FL

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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	09/07/2021	711
		Acc#I20160000072	a: c DW
Name:	Thermal C	oncepts, Inc.	
Document #:			
Order #:	13861121		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of: Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Availability Document Examiner Updater Verifier W.P. Verifier	Certified Plain: COGS: Amount		
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For "Other Business Entity" Into

SECRETARY OF STATE TALLAHASSEE, FL

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: THERMAL CONCEPTS, INC.
(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
APRIL 11, 1983
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: THERMAL CONCEPTS, 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 3rd day of Society loca	<u>- 20 31 .</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: LAWRENCE D. MAURER	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: AWRENGE D. MAURER	Title: PRESIDENT
Signature: And MANAGER Printed Name: MURRAY J. MAURER	
Printed Name: MURRAY'J. MAURER	Title: SECRETARY
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, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

The name of the Limited Liability Comp.	,	
THERMAL CONCEPTS, LLC		
(Must contain the words "Limited	H 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:	
2201 COLLEGE AVENUE	2201 COLLEGE AVENUE	
DAVIE, FLORIDA 33317	DAVIE, FLORIDA 33317	
DATE, FEORIDA COOT		
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of M&	istered Office, & Registered Agent's Signa on Registered Agent. You must designate an individual or a	SECRETARY OF STATE TALLAHASSEE, FL

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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	LAWRENCE D. MAURER
IMGR	10741 SW 51st STREET
	FORT LAUDERDALE, FL 33328
	PORT EADDERDALE, TE 33320
MGR	MURRAY J. MAURER
INOIN	301 TARPON DRIVE
	FORT LAUDERDALE, FL 33301
	TOTAL ENGLISHED TO SOUTH

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	- Company of the Comp
(Use attachment if necessary)	-
(022 2000000000000000000000000000000000	'
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1
Marke	<u></u>
Marka	<u></u>
Signature of a member of	an authorized representative of a member
This document is executed in accordance	an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware thument to the Department of State constitutes a third degree felo

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)