## 22000088185

(Requestor's Name)
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## **COVER LETTER**

	w Filing Section vision of Corporations				
SUBJECT:	Perfected Name of	Air Solutions Limited Liability Company	Ilc		
The enclosed	d Articles of Organization and fee(s)	are submitted for filing.			
Please return	n all correspondence concerning this	matter to the following:			
	Tro	Name of Person	· · · · · · · · · · · · · · · · · · ·		
-	1	Comfony Firm/Company			
-	10701 W	Inite rd. Youngs town	1 M. 32466		
-		City/State and Zip Code  Oir 75. a) Value com  sed for future annual report notificati	32466		
_	E-mail address: (to be u	los 75.a) Va hoc com sed for future annual report notificati	ion)		
For further in	formation concerning this matter, ple				
-	Name of Person	( <u>850</u> ) <u>628 - 78.</u> Area Code Daytime Telephon	86 Number		
	a check for the following amount:				
□\$125.00	Filing Fee   \$\Bigcip\$	& \$\sum \textsup \text{S155.00 Filing Fee & Certified Copy}\$ (additional copy is enclosed)	≥\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	Street Address			
New Filing Section Division of Corporations		New Filing Section Division The Centre of Tallahassee			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY $-\cdot$ .

ARTICLE I - Name:					
The name of the Limited Liability	•				7027 H 21-3 PM 12: 43
	Puchal m	A: c	Salutions	110	PA 12: 43
(Must contai	n the words "Limited Lis	ability Comp	any, "L.L.C.," or "l	.LC.")	- STATE
ARTICLE II - Address: The mailing address and street add					-27,6
	Office Address:			iling Addr	
10701 white r	d. Youngstown Fl.	32466	10701 Wh.	te rd.	Youngstewn Fl. 32466
		<del></del>			
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own R tive Florida registration.	egistered Ag )  gent are:	ent. You must desig	gnate an in	dividual or
				b 6	
	Youngstown City	State	Zip		
Having been named as registered ag place designated in this certificate, l further agree to comply with the pro um familiar with and accept the obli	hereby accept the appoint wisions of all statutes relained gations of my position as	intment as regating to the prostered as	istered agent and a roper and complete	gree to act performan · in Chapte	in this capacity. I ce of my duties, and I

(CONTINUED)

Title: "AMBR" = Authorized )	Name and Address:	
"MGR" = Manager  AMBYZ	Meghan Lee Davis	
	10701 White rd. Youngsburn Fl. 32466	
	? -3   FM   2: 4,8	
	E. FL	Name of Street, or other party of the street, or other party of th
(Use attachment if neces	rv)	
the date of filing.)	te must be specific and cannot be hore than five business days prior to or 90 days ock does not meet the applicable statutory filing requirements, this date will not be list e Department of State's records.	
		- -
REQUIRED SIGNATI	Travia Davis	
This do	mature of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.	
-	Travis Davis  Typed or printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee fo \$ 30.00 Certified Co \$ 5.00 Certificate o		

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

ARTICLE IV-