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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/03/23

NAME: MOISTURE INTRUSTION SOLUTIONS, LLC

TYPE OF FILING: CONVERSION

COST:

155.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE.

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

· .

May 3, 2023

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

RE: Consent to use the name "Moisture Intrusion Solutions, LLC"

To Whom it May Concern:

On April 27, 2023, Moisture Intrusion Solutions, LLC, a Florida limited liability company (the "Merged Entity") merged into Moisture Intrusion Solutions, Inc., a Florida corporation (the "Surviving Corporation"). As a result of the merger, the Merged Entity is "inactive" on the Florida Department of State's website.

The Surviving Corporation is now filing the attached Articles of Conversion and Articles of Organization by which the Surviving Corporation will convert to a Florida limited liability company with the name of "Moisture Intrusion Solutions, LLC".

I, Donald Williams, as Manager of the Merged Entity, hereby release any rights to the name "Moisture Intrusion Solutions, LLC" formerly used in connection with the Merged Entity and consent to the use of the name for the converted entity as set forth in the attached Articles of Conversion and Articles of Organization whereby the converted entity will be named "Moisture Intrusion Solutions, LLC".

Sincerely,

Donald Williams

COVER LETTER

	,		COVERCET	IEK		
TO:	New Filing S					
	Division of C	Corporations				
SHR	IECT: Moist	ure Intrusion Solutions	s, LLC			
		(Name of Re	sulting Florida Limited	i Company)		
					s are submitted to convertance with s. 605,1045, F.	
Please	e return all corr	espondence concernin	g this matter to:			
Donal	d Williams					
	_	(Contact Person)				
	<u> </u>	(Firm/Company)				
475 F	entress Blvd., St	uite A				
		(Address)				
Dayto	na Beach, FL 32	?114				
	((City, State and Zip Code)				
dwillia	ms@consultmis	.com				
E-n	nail Address: (to b	pe used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call;			
			_at ()			
	(Name of Conta	ict Person)	(Area Code)	(Daytime T	elephone Number)	
		or the following amou a bank located in the		ocessed by	this office must be payal	ole in US
(\$25 fo & \$125	0,00 Filing Fees r Conversion for Articles inization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing Fe and Certified Copy	Certi	85.00 Filing Fees, fied Copy, and ficate of Status	
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	N D Ti 20	he Centre 115 N. Ma		2923

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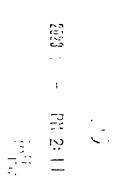
Articles of Conversion For "Other Business Entity"

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.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Moisture Intrusion Solutions, 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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on March 1, 2013 .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Moisture Intrusion Solutions, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: May 4, 2023
(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 May	20 <u>_23</u>
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Donal	d Williams
Signature of Authorized Representative: Donald Printed Name: Donald Williams	Title: Manager
Signature(s) on behalf of Other Business Entity	. [See below for required signature(s)]
Signature: Donald Williams Printed Name: Donald Williams	The state of the s
Printed Name: Donald Williams	Title: President
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Tielo
Timed Name.	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Communication	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of	or Officer.
If Directors or Officers have not been selected, an	
WELL CO. The second second	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

The name of the Limited Liability Compan	y is:		
Moisture Intrusion Solutions, LLC			
(Must contain the words "Limited L	iability Company, "L.1	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	ne principal offic	e of the Limited Li	ability Company is:
Principal Office Address:	Mailing A	Address:	
475 Fentress Blvd., Suite A	475 Fentre	ss Blvd., Suite A	
Daytona Beach, FL 32114	_	each, FL 32114	<u> </u>
The name and the Florida street address of	the registered age	ent are:	
The name and the Florida street address of Donald Williams 475 Fentress Blvd., Suite Florida street address	lame A		
Donald Williams 475 Fentress Blvd., Suite Florida street address	lame A P.O. Box <u>NOT</u> a	acceptable)	
Donald Williams A75 Fentress Blvd Suite	lame A P.O. Box <u>NOT</u> a		

(CONTINUED)

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rtona Beach, FL 32114
ned by:
l Williams
EDA484E0 ————————————————————————————————————
rized representative of a member 1 605.0203 (1) (b), Florida Statutes, I am aware
Department of State constitutes a third degree fe

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