# L23000538691

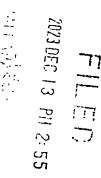
(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Sertifica depices Sertificates of Status	
Special Instructions to Filing Officer,	ļ
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# **COVER LETTER**

Division of C	Corporations			
SUBJECT: AIRMOE	BILE SERVICES, LLC			
	(Name of Res	sulting Florida Limi	ted Cor	mpany)
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organizati ability Company	on, ar '" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
JENNIFER H. COPUS	S, ESQ.			
	(Contact Person)		-	
COPUS & COPUS, P.	A.			
	(Firm/Company)		-	
25 WALTER MARTIN	ROAD NE, SUITE 200			
	(Address)		•	
FORT WALTON BEAG	CH, FL 32548			
(1	City, State and Zip Code)		•	
JENNIFER@COPUSL	_AW.COM			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call;		
JENNIFER H. COPUS	S, ESQ.	_at (	, 609-	1433
(Name of Conta	ict Person)	(Area Code)	Day)	ytime Telephone Number)
	or the following amou a bank located in the		roces:	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing Section Division of Corporations P.O. Box 6327				Filing Section
				ion of Corporations Centre of Tallahassee
Tallahassee, l				N. Monroe Street, Suite 810
				hassee, FL 32303

TO: New Filing Section

### **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AIRMOBILE SPECIALISTS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
04/03/2018 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:  AIRMOBILE SPECIALISTS, 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

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which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 28th day of November 20 23.

	Signature of Authorized Representative of Limited Liability Compand:			
*	Signature of Authorized Representative: The Printed Name: Michael Atyona	Till 1/0/100		
	Signature(s) on behalf of Other Business Entity:	/		
*	Signature: Michael A. Judel  Printed Name: Michael A. Judel			
	•	•		
	Signature: Printed Name:	Title:		
	Signature: Printed Name:	Title:		
	Signature: Printed Name:	Title		
	Signature: Printed Name:	Titl		
	Trined (value,	11116;		
	Signature: Printed Name:			
	Printed Name:	Title;		
If Florida Corporation:				
	Signature of Chairman, Vice Chairman, Director, or Officer,			
	If Directors or Officers have not been selected, an Incorporator must sign.			
If Florida General Partnership or Limited Liability Partnership:				
	Signature of one General Partner,			
1f Florida Limited Partnership or Limited Limited Partnership: Signatures of ALL General Partners.				
	All others: Signature of an authorized person.			
	Fecs;			
	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

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:
AIRMOBILE SPECIALISTS, LLC	
(Must contain the words "Limited	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:
5486 FAIRCHILD ROAD, HANGAR #7	POST OFFICE BOX 100
CRESTVIEW, FLORIDA 32539	CRESTVIEW, FLORIDA 32536
business entity with an active Florida registration.)  The name and the Florida street address of COPUS & COPUS, P.A.  25 WALTER MARTIN R	Name  ROAD NE, SUITE 200
	s (P.O. Box NOT acceptable)
FORT WALTON BEACH City	FL 32548 Zip
liability company at the place designate registered agent and agree to act in this comparts statutes relating to the proper and comp	and to accept service of process for the above stated limited ited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### ARTICLE IV-

Michael A. Yoder

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	GULF AIR GROUP, INC. POST OFFICE BOX 100 CRESTVIEW, FLORIDA 32536			
	CRESTVIEW, FEORIDA 32330			
(Use attachment if necessary)				
ARTICLE V: Other provisions, if any.				
	/			
REQUIRED SIGNATURE:				
This document is executed in accordance with	authorized representative of a member hasection 605.0203 (1) (b), Florida Statutes, I am aware that to the Department of State constitutes a third degree felony			

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)

Control Number: 18065606

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### **CERTIFICATE OF EXISTENCE**

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### AIRMOBILE SPECIALISTS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26197739 Date Inc/Auth/Filed: 04/03/2018 Jurisdiction : Georgia Print Date : 11/27/2023

Form Number : 211



Brad Raffensperger