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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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(850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

12/15/2023

D	ate:	12/15/2023	- w: DW
		Acc#I20160000072	- 4n: C > = W
Name:	Precision Ai	r Systems, LLC	
Document #:			
Order #:	15277812		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	180.00	

Thank you!

COVER LETTER

TO:	New Filing S Division of C				
SHE		Air Systems, LLC			
30100	r.c.r	(Name of Res	sulting Florida Limite	ed Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
Lee Fa	nyo				
		(Contact Person)			
Sherm	an & Howard				
		(Firm/Company)			
675 15	th Street, Suite 23	00			
		(Address)			
Denve	r, CO 80202				
	((City, State and Zip Code)			
Lfanyo	@shermanhoward	1.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
Tina H	ooven		_at ()	299-8	3036
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		ocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
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INHS11 (7/17)

Tallahassee. FL 32301

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.

Signed this 4th	day of December	20_23
Signature of A	uthorized Representative of Lim	ited Liability Company:
Signature of Au	thorized Representative:	\sim
Printed Name: So	cott Wulinsky	Title: Authorized Representative
Triffed Transc.		
<u>Signature(s) on</u>	behalf of Other Business Entity:	[See below for required signature(s)]
Signature	$\mathcal{L}_{\mathcal{L}}$	Title: Secretary, Treasurer, Director
Printed Name: Se	cott Willinsky	Title: Secretary, Treasurer, Director
C:	•	
Signature: Printed Name:	<u> </u>	Title:
Timed Name		
Signature:	<u> </u>	Title:
Printed Name:		Little:
Signature:		
Printed Name:_		Title:
Signature:		
Printed Name:_		Title:
0.		
Signature:		Title:
Printed Name		
If Florida Corp		
Signature of Ch	airman, Vice Chairman, Director, or	Officer.
If Directors or C	Officers have not been selected, an Ir	ncorporator must sign.
If Florida Gene	eral Partnership or Limited Liabil	ity Partnership:
	General Partner.	
If Florida Limi	ted Partnership or Limited Liabil	ity Limited Partnership:
Signatures of A	LL General Partners.	
	_	
All others: Signature of an	authorized person.	
Fees:		
		¢3- 00
	of Conversion:	\$25.00 \$135.00
	r Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
	d Copy: ate of Status:	\$5.00 (Optional)
Cerme	are of Status.	Stoc (Obrone)

RTICLES OF ORGANIZATION FOR 1	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	is:
Precision Air Systems, LLC	
(Must contain the words "Limited Liab	oility 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:
11101 S. Crown Way, Suite 2	11101 S. Crown Way, Suite 2
Wellington, FL 33414	Wellington, FL 33414
The name and the Florida street address of th <u>C T Corporation System</u> Na	ne registered agent are:
1200 South Pine Island Road	
Florida street address (P	P.O. Box NOT acceptable)
Plantation	FL 33324
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S System Kuma Lamin
	<u> </u>
Registered Agent's 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	NCHO In-		
AMBR	MSHC. Inc.		
	650 S. Tryon Street, Suite 1000 Charlotte, NC 28202		
	Charlotte, NC 28202		
			
			
(Use attachment if necessary)			
(Ose attachment if necessary)			
CLE V: Other provisions, if any.			
, and the second			
REQUIRED SIGNATURE:			
$\mathcal{X}\mathcal{V}'$	<u> </u>		
Signature of a member o	or an authorized representative of a member		
This document is executed in accordan	ice with section 605.0203 (1) (b), Florida Statutes. I am aware th		
any talse information submitted in a do- as provided for in s.817.155, F.S.	cument to the Department of State constitutes a third degree felo		
as provided for in s.617.193, t.3.			
Scott Wulinsky			
-			
Ī	Typed or printed name of signee		

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

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