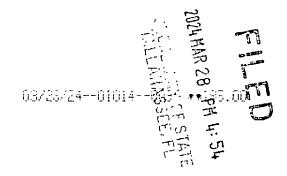
LZ400 142683

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
. Certified Copies Certificates of Status
Special Instructions to Filing Officer .
Office Use Only



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ALLAHASSEE, FLORI

ZOZI MAR 28 PM 12: 50

COVER LETTER

ř,

Division of C						
SUBJECT: Arctic Ai	r Home Services, LLC					
	(Name of Re	sulting Florida Limit	ed Cor	npany)		
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organizati iability Company	on, an '" in a	nd fees are submitted to co coordance with s. 605.104	nvert an "Othe 5, F.S.	r
Please return all corr	espondence concernin	g this matter to:				
John P. Carter, Esq.						
	(Contact Person)		,			
May, Potenza, Baran	& Gillespie, P.C.					
	(Firm/Company)		•			
1850 N. Central Ave,	Suite 1600					
	(Address)					
Phoenix, AZ 85004						
(1	City, State and Zip Code)					
trdept@maypotenza.c	om					
E-mail Address: (to b	e used for future annual re	port notifications)				
For further informati	on concerning this ma	tter, please call:			2	,
John Carter		_at (_ ⁶⁰²	, 252-	1900	17.1	:
(Name of Conta	act Person)	(Area Code)	(Day	1900 rtime Telephone Number)	OZ4 KAR	
	for the following amou a bank located in the	int: (All checks p		sed by this office must be	payable in 199	
☐ \$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		S185.00 Filing Fees, Certified Copy, and Certificate of Status	FIVIE STATE	
Mailing Add	ress:		Stree	t Address:		
New Filing S	ection		New	Filing Section		
Division of C	-			ion of Corporations		
P.O. Box 632	\mathcal{A}		The C	Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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 Article Arctic Air Home Services Inc.	s of Conversi	on is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a corporation	 	
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business	trust, etc.)
First organized, formed or incorporated under the laws of		
(Enter state, or if a non-U.S. entity, the r	name of the cour	ntry)
1/8/2020 on		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Artic Arctic Air Home Services, LLC	_	ization:
(Enter Name of Florida Limited Liability Company)		T
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 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 document's effective date on the Department of State's records.	calendar da	ys after 7
5. The plan of conversion has been approved in accordance with all applicable statutes.		

- 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 21	day of March	20 <u>24</u> .
Signature of Author	orized Representative	of Limited Liability Company:
Signature of Author Printed Name: Scott	rized Representative: Whitaker	Title: Authorized Representative
Signature(s) on bel	nalf of Other Business E	ntity: [See below for required signature(s)]
Signature: Scott 5	Whitaker	
Printed Name: Scott	Whitaker	Title: Sole Director
Signature:		Title:
rimed runic		Title.
Signature:		
Printed Name:		Title:
Cianatuus		
Printed Name:		Title:
	·	
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpora		
	ian, Vice Chairman, Dire	
If Directors or Offic	ers have not been selecte	d, an Incorporator must sign.
If Florida General Signature of one Ge	Partnership or Limited neral Partner.	Liability Partnership:
If Florida Limited Signatures of ALL		Liability Limited Partnership:
All others: Signature of an auth	orized person.	

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:			
Arctic Air Home Services, LLC				
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limit	ed Liability Company is:		
Principal Office Address:	Mailing Address:			
6870 26TH CT E SARASOTA, FL 34243	6870 26TH CT E SARASOTA, FL 34243			
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)	istered Agent. You must designate an	gent's Signature: nindividual or another		
The name and the Florida street address of the	registered agent are:			
C T Corpo	oration System			
Nan	ne			
1200 South Pine Island Roa	d			
Florida street address (P.	O. Box NOT acceptable)	202		
Plantation	33324			
City	Zip	2024 HAR 28		
_	in this certificate. Thereby active. I further agree to compositive. I further agree to compositive performance of my duties, a egistered agent as provided for the performance (REQUIRED) Assistant Secretary	for the above stated limited is common the appointment as copy with the provisions of all and I am familiar with and		
(CONTI	NUED)			

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR				
	AAHS NewCo, Inc.			
	6870 26th Ct East Sarasota, FL 34243			
_				
_				
(Use attachment if necessary)				
LE V: Other provisions, if any.				
LE V: Other provisions, if any.				
<u></u>				
	<u></u>			
	i-			
REQUIRED SIGNATURE:	F			
REQUIRED SIGNATURE:				
- · - · - · - · - · · · · · · · · · · ·				
Scott b Whitaker				
Signature of a member or a	an authorized representative of a member—with section 605.0203 (1) (b), Florida Statutes. I am awnent to the Department of State constitutes a third degre			

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)