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

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				į.
emb	JECT: SKYLAN	•			
SUB	JECI:	(Name of Res	sulting Florida Lin	nited Cor	mpany)
					nd fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corr	respondence concernin	g this matter to	:	
Scott	Seagrave				
		(Contact Person)		_	
The S	Seagrave Law Of	ffice, PLLC			
		(Firm/Company)		_	
100 (Cessna Blvd Ste	1A			
		(Address)			
Port (Orange, FL 3212	8			
	(City. State and Zip Code)		_	
scott	@seagravelawof	fice.com			
E-	mail Address: (to l	be used for future annual re	port notifications)		
For f	urther informati	ion concerning this ma	tter, please call	:	
Scott	Seagrave		_at (478-	7202
	(Name of Cont	act Person)	(Area Cod	e) (Day	ytime Telephone Number)
		for the following amou a bank located in the	•	proces	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles (anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add				t Address:
New Filing Section					Filing Section ion of Corporations
Division of Corporations P.O. Box 6327					Centre of Tallahassee
	Tallahassee,				N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: SKYLANDS AIR LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Direct consonius of formed or in consonated and on the large of New Jersey
(Enter state, or if a non-U.S. entity, the name of the country)
10/20/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SKYLANDS AIR 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

ARTICLE I - N				
The name of the	Limited Liability Compa	ny is:		
Skylands Air LLC				
	Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - A	Address:			
		the principal office of the Limited Liability Company i		
Principal Office	Address:	Mailing Address:		
2717 Spruce Cree	ek Blvd	2717 Spruce Creek Blvd		
		Port Orange, FL 32128		
Port Orange, FL 3				
Port Orange, FL 3 ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registered Agent, Registered as its own active Florida registration.)	Port Orange, FL 32128 stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are:		
Port Orange, FL 3 ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registered Agent, Registered as its own active Florida registration.)	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are:		
Port Orange, FL 3 ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Regis Company cannot serve as its own in active Florida registration.) e Florida street address o	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are:		
Port Orange, FL 3 ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Regis Company cannot serve as its own in active Florida registration.) e Florida street address o	Attered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are: Re, PLLC Name		
Port Orange, FL 3 ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Regis Company cannot serve as its own in active Florida registration.) e Florida street address o The Seagrave Law Office 100 Cessna Blvd Ste 14	Attered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are: Re, PLLC Name		
Port Orange, FL 3 ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Regis Company cannot serve as its own in active Florida registration.) e Florida street address o The Seagrave Law Office 100 Cessna Blvd Ste 14	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another The registered agent are: Re, PLLC Name		

ted liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Signed this 21 day of MA7	_ 20 <u>_ 24</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Andrew Weingram	Title Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:Printed Name: Andrew Weingram	
Printed Name: Andrew Weingram	Title: Manager
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Tral.
Printed Name:	I itle:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLE IV-

Andrew Weingram

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

"M(W = Manager	Name and Address:					
"MGR" = Manager MGR Andrew Weingram						
2717 Spruce Creek Blvd						
Port Orange, FL 32128						
Fort Orange, 7 E 32 120						
MGR Eileen Weingram						
2717 Spruce Creek Blvd						
Port Orange, FL 32128						
						
	 					
(Use attachment if necessary)						
ARTICLE V: Other provisions, if any.						
The purpose of the Company is to engage in and conduct any and all lawful businesses or functions, and to carry on any other lawful activities in connection with or incidental to						
as the Member(s) in their discretion shall determine.	o the loregoing,					
as the Weither(s) in their discretion shall determine.						
REQUIRED SIGNATURE:						
March						
						
Signature of a member or an authorized representative of a	member					
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that						
any false information submitted in a document to the Department of State constitutes as provided for in s.817.155, F.S.						

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)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

SKYLANDS AIR L.L.C. 0450113662

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 20, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

REGISTERED AGENTS, INC FIVE GREENTREE CENTRE, STE. 104 525 ROUTE 73 NORTH MARLTON. NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of May, 2024

dur on Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6153748326

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp