12400335187

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ac | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | ! |

Office Use Only



500433617525

07/24/24--01020--015 **150.50



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: Gator Air Conditioning, Inc. 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion 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 name of the country) |
| 02/01/1998 |
| 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: |
| Gator Air Conditioning, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 7/24/264 |
| (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 day of July | 20.24 |
|--|---|
| Signature of Authorized Representative | |
| Signature of Authorized Penrocentative | Title: |
| Printed Name: | Title |
| Timed i valle. | / |
| Signature(s) on behalf of Other Business | Entity: [See below for required signature(s)] |
| Signature | |
| Signature: | Tists, Progident |
| Printed Name: James Romagnola | Title: President |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature | |
| Signature:Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Dir | |
| If Directors or Officers have not been select | ted, an Incorporator must sign. |
| If Florida General Partnership or Limite | ad Liability Partnership |
| Signature of one General Partner. | d Liability Partile snip. |
| | |
| If Florida Limited Partnership or Limite | d Liability Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All adhaus | |
| All others: Signature of an authorized person. | |
| orginature or an aumorized person. | |

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Lia | bility Company is | | |
|--|--|---|---|
| Gator Air Conditioning, LLC (Must contain th | e words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and stre | et address of the p | rincipal office of the Limited | d Liability Company is: |
| Principal Office Address: | | Mailing Address: | |
| 6216 28th Street East Suite 1 Bradenton, FL 34203 | | 6216 28th Street East Suite 1 Bradenton, FL 34203 | |
| ARTICLE III - Registered (The Limited Liability Company cannot business entity with an active Florida | ot serve as its own Regis | d Office, & Registered Age stered Agent. You must designate an i | ent's Signature: ndividual or another |
| The name and the Florida str | reet address of the | registered agent are: | |
| James Ro | omagnola | | |
| | Nam | e | |
| | street East, Suite street address (P.C | D. Box <u>NOT</u> acceptable) | |
| Bradento | <u> </u> | FL 34203 | |
| | City | Zip | |
| liability company at the registered agent and agree statutes relating to the pracept the obligations of | place designated i to act in this capa oper and complete of my position as re | o accept service of process for this certificate, I hereby accept. I further agree to complete performance of my duties, and gistered agent as provided for the mature (REQUIRED) | cept the appointment as y with the provisions of al nd I am familiar with and or in Chapter 605, F.S |
| Kegi | (CONTI | | 7024 JUL 24 Min |

ARTICLE IV-

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

| "AMBR" = Authorized Member | |
|--|--|
| | |
| 'MGR" = Manager AMBR/MGR | James Romagnola |
| MAID! MAICH! | 6216 28th Street East, Suite 1 |
| | Bradenton, FL 34203 |
| | Stademon, 1 C 04200 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Use attachment if necessary) | · · · · · · · · · · · · · · · · · · · |
| ose attachment if necessary) | |
| | I |
| | 1.4 |
| L E V: Other provisions, if any. | 119 |
| LE V: Other provisions, if any. | 7-4 |
| LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | |
| | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | |
| | M. |
| | |
| REQUIRED SIGNATURE: | |
| Signature of a member or | an authorized representative of a member |
| Signature of a member or This document is executed in accordance | with section 605.0203 (1) (b), Florida Statutes, I am awa |
| Signature of a member or This document is executed in accordance | with section 605.0203 (1) (b), Florida Statutes, I am awa |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | with section 605.0203 (1) (b), Florida Statutes, I am away |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. James Romagnola | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree uped or printed name of signee |

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