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(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Taliahassee, FL 32312

Date: ___

12/02/2024

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Acc#120160000072

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Name:	AccuAir Holdings, LLC	
Document #:	7. 100d/ 11. 1101d/h.gc, ===	
Order #:	16008835	
Certified Copy of Arts & Amend:		
Plain Copy:		
Certificate of Good Standing:		
Certified Copy of		
Apostille/Notarial	Country of Destination:	
Certification:	Number of Certs:	
Filing: 🚺	Certified: ✓ Plain: COGS:	Email Address for Annual Report Notifications:
Availability Document	Amount: \$ 180.00]
Examiner		
Updater		
Verifier W.P. Verifier		
Ref#		
	Thank you!	

COVER LETTER

то:	New Filing Se Division of Co				
	JECT: AccuAir I	•			
SUB	JEC1:	(Name of Res	ulting Florida Lin	ited Con	npany)
The e	enclosed Articles ness Entity" into	s of Conversion, Articl a "Florida Limited Li	es of Organiza ability Compar	tion, an ıy" in ad	d fees are submitted to convert an "Otle ecordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to		
Kriste	en Bartch Knight				
		(Contact Person)		_	
N/A					
	· <u></u>	(Firm/Company)		_	
860 \	Via Lugano				
	. · · · · · · · · · · · · · · · · · · ·	(Address)	<u>. </u>		
Winte	er Park FL 32789				
	((City, State and Zip Code)		_	
kriste	en@mchawkandc	o.com			
E-	-mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call		
Krist	en Bartch Knight		at (352) 408-	1255 vtime Telephone Number)
	(Name of Conta	ict Person)	(Area Coc	e) (Day	ytime Telephone Number)
Encl dolla	osed is a check f irs and drawn on	or the following amou a bank located in the	int: (All checks United States)	proces	sed by this office must be payable in U
(\$25 f & \$13	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	_	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New	et Address: Filing Section tion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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 Articles of Conversion is: AccuAir Holdings, Inc.
(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.
Florida Florida Florida
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
04/04/2014 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:
AccuAir Holdings, 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.

Signed this 2nd day of December	20_24
Signature of Authorized Representative of Lin	<u>sited Liability Company:</u>
Signature of Authorized Representative: Grant Printed Name: Gregory A. Duggan	ory Duggan
Printed Name: Gregory A. Duggan	Title: Vice President
Signature(s) on hohalf of Other Business Entity:	[See below for required signature(s)]
Signature: Gregory Duggan	
Printed Name: Gregory A. Duggan	Title: Vice President
Signature:Printed Name:	m.1
Printed Name:	I itle;
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tide
Printed Name:	THIC
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rrinted Name	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	or Officer.
If Directors or Officers have not been selected, an	incorporator must sign.
If Florida General Partnership or Limited Liab	ility Partnership:
Signature of one General Partner.	
	The I best Dentament in
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	mty Limited Partnership.
Signatures of ALD General Farmers.	
All others:	
Signature of an authorized person.	
P	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AccuAir Holding	s, LLC		
	(Must contain the words "Limited Li	iability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II -	· Address:		
The mailing ad	dress and street address of th	he principal office of the Limited Liability Comp	any is:
Principal Offic	ce Address:	Mailing Address:	
860 Via Lugano		P.O. Box 5	
Winter Park FL		300 N. New York Ave.	
		Winter Park, FL 32790	
The name and	the Florida street address of C T Corporation System	the registered agent are:	
]	Name	
	1200 South Pine Island F		
	1200 South Pine Island F	Road (P.O. Box <u>NOT</u> acceptable)	
	1200 South Pine Island Florida street address	Road	

Donna Peterson-Riggs, Asst. Secretary

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ADTICLE IV.				
	4 1)"	1. L.A.	ı ı.	137

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Gregory Duggan
	501 Henkel Circle, Winter Park FL 32789
AMBR	Kristen Bartch Knight
	860 Via Lugano, Winter Park FL 32789
<u></u>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V. Other provisions, it any.	
REQUERED SIGNATURE:	
Gregory Duggan	
B2AF913586D443A	

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 a third degree felony as provided for in s.817.155, F.S.

Gregory A. Duggan

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)