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Division of Corporations

**N24000071646315**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gmsairm@yahoo.com

**Foreign Limited Liability Company  
GMS Air Conditioning, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GMS Air Conditioning, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

45-4557812

3. (FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3377 SW 42nd Ave., Unit D  
(Street Address of Principal Office)

6. 3377 SW 42nd Ave., Unit D  
(Mailing Address)

Palm City, FL 34990-1227

Palm City, FL 34990-1227

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Stephen Mazzilli

Office Address: 3377 SW 42nd Ave., Unit D

Palm City, Florida 34990-1227  
(City) (Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Stephen Mazzilli	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3377 SW 42nd Ave., Unit D	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Palm City, FL 34990-1227	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person

Stephen Mazzilli

Typed or printed name of signer

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STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
DELAWARE LIMITED LIABILITY COMPANY  
PURSUANT TO SECTION 18-214 OF  
THE DELAWARE LIMITED LIABILITY COMPANY ACT

1. The jurisdiction where the corporation was first formed is Florida  
and the date the corporation first formed is February 14, 2012.
2. The jurisdiction immediately prior to filing this Certificate is Florida.
3. The name of the corporation immediately prior to filing this Certificate is  
GMS Sheet Metal & Air Conditioning Inc.
4. The name of the limited liability company as set forth in the Certificate of  
Formation is GMS Air Conditioning, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
23rd day of January, A.D. 2024

By: 

Authorized Person

Name:

Stephen Mazzilli

Print or Type

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STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is GMS Air Conditioning, LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 16192 Coastal Highway (street), in the City of Lewes, Zip Code 19958. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Harvard Business Services, Inc.

By: 

Authorized Person

Name: Stephen Mazzilli

Print or Type

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GMS AIR CONDITIONING, LLC" IS DULY  
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2024.



2995509 8300

SR# 20240486231

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202803486

Date: 02-13-24