

1124000008268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

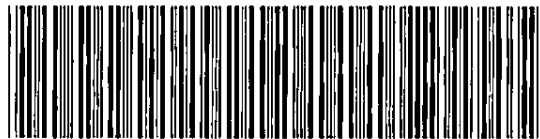
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/24--01015--018 **180.00

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MAY 06 2024

2024 JUN 20 AM 5:27

FILED

T. LEMIEUX

JUN 27 2024

81797
L6618
pen

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Airo Mechanical, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Angelia Ryan

Name of Person

Airo Mechanical, LLC

Firm/Company

131 Summerville Drive

Address

Mooresville, NC 28115

City/State and Zip Code

angelia.ryan@airomechanical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelia Ryan

704

929-0265

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA-DEPARTMENT-OF-STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ **\$160.00 Filing Fee, Certificate
of Status & Certified Copy**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2024

ANGELIA RYAN
131 SUMMERVILLE DR
MOORESVILLE, NC 28115

SUBJECT: AIRO MECHANICAL, LLC
Ref. Number: W24000081797

We have received your document for AIRO MECHANICAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Title unacceptable CFO & CEO needs to be MGR, MBR OR AP.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 324A00011892

RECEIVED
JUN 20 2024

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

AIRO MECHANICAL FL 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.")

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

3. 85-3594133
(FET number, if applicable)

4. 5/1/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 131 SUMMERVILLE DR.
(Street Address of Principal Office)

6. 131 SUMMERVILLE DR.
(Mailing Address)

MOORESVILLE, NC
28115

MOORESVILLE, NC
28115

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

FILED
2024 JUN 20 AM 5:27
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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.

Michael Barr
(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Thomas H. Norman

☐ Member Address: 131 Summerville Dr.

☒ Authorized Mooresville NC 28115

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Matthew Baude

☐ Member Address: 131 Summerville Dr.

☒ Authorized Mooresville NC 28115

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Angelia Ryan

☐ Member Address: 131 Summerville Dr.

☒ Authorized Mooresville NC 28115

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Vanessa Palmersheim

☐ Member Address: 131 Summerville Dr.

☒ Authorized Mooresville NC 28115

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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

Matthew Baude

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRO MECHANICAL, 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 FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRO MECHANICAL, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3810869 8300

SR# 20241777605

You may verify this certificate online at 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: 203371811

Date: 05-01-24