

PO9000050979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

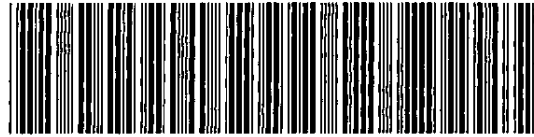
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Scott **CAVE**
AUTHORIZATION BY PHONE TO
CORRECT Art IV Registered Agent
DATE 6/11/09
DOC. EXAM. _____

Office Use Only



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06/04/09--01005--024 **122.50

09 JUN 11 PH 1:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2009

SCOTT NIELSEN
2773 ROCK CREEK DRIVE
PORT CHARLOTTE, FL 33948

SUBJECT: UNIVAIR, INC.
Ref. Number: W09000026271

We have received your document for UNIVAIR, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 809A00018860



UNIVAIR, INC.
2773 Rock Creek Drive
Port Charlotte FL 33948

TEL: 941-866-2713
FAX: 941-866-2713
ceo@usa1000.com

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Tel: 850-245-6051

5-18-2009

Dear Sir or Madam,

Our Corporation is currently registered to do business in Florida.

Please find enclosed forms to Re-Domicile our Corporation and Convert it to a Florida For Profit Corporation. Our Federal EIN number is not changing and will remain as 43-1071581. We have no employees in Florida at this time.

I have also enclosed a check for \$122.50 to cover the Filing Fees, Certified Copy, and Certificate of Status

Sincerely,

Scott Nielsen
Executive Director

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
09 JUN 11 PM 1:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

UNIVAIR, INC. F07-2795

Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of DELAWARE
(Enter state, or if a non-U.S. entity, the name of the country)

on 2-13-1976
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

DELAWARE

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

UNIVAIR, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 18 day of MAY, 2009.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Scott Nielsen

Printed Name: SCOTT NIELSEN Title: DIRECTOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Scott Nielsen
Printed Name: SCOTT NIELSEN Title: DIRECTOR

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

UNIVAIR, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2773 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DIRECTOR- SCOTT NIELSEN 2773 ROCK CREEK DRIVE PORT CHARLOTTE FL
PRES, VP,
SEC, TRE - SHIRLEY FUCHS 2773 ROCK CREEK DRIVE PORT CHARLOTTE FL

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SCOTT NIELSEN
2773 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCOTT NIELSEN
2773 ROCK CREEK DRIVE
PORT CHARLOTTE FL 33948

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Scott Nielsen
Signature/Registered Agent
Scott Nielsen
Signature/Incorporator

5-18-2009
Date
5-18-2009
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED