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| (Re | equestor's Name) | · |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

Charter Section TO:

Division of Corporations

Torocco's Cooling and Heating Inc

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Lynn Torocco Contact Person Torocco's Cooling and Heating Inc. Firm/Company 19132 Dogwood Rd Fort Myers, FL 33967 City, State and Zip Code marktorocco@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Lynn Torocco | _{at (} 239 | 791-8501 |
|------------------------|---------------------|-----------------------------|
| Name of Contact Person | Area Code ar | nd Daytime Telephone Number |

Enclosed is a check for the following amount:

| ☐ \$105.00 Filing Fees | ☐\$113.75 Filing Fees and Certificate of Status | \$113.75 Filing Fees and Certified Copy | \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
|------------------------|---|---|---|
| | Diatas | | Certificate of Status |

STREET ADDRESS:

Charter Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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: Torocco's Cooling and Heating LLC Enter Name of Other Business Entity 2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) on 06/10/2009 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: N/A 4. The name of the Florida Profit Corporation as set forth in the attached Articles of **Incorporation:** Torocco's Cooling and Heating 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.)

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| Signed this sixth day of February | , 20_14 |
|--|--|
| Required Signature for Florida Profit Corpora | ution: |
| Signature of Chairman, Vice Chairman, Director, | Officer, or, if Directors or Officers have not |
| heen selected an Incorporator: | TOOTO |
| been selected, an Incorporator: X Printed Name: Lynn Torocco Title | President |
| | |
| Required Signature(s) on behalf of Other Busine signature(s).] | ss Entity: [See below for required |
| Signature modern | |
| Printed Name: Mark Torocco | Title: MGRM |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: Printed Name: | |
| Printed Name: | Title: |
| If Florida General Partnership or Limited Liabil | ity Partnershin |
| Signature of one General Partner. | <u> </u> |
| | V. I in the I Beat and in |
| If Florida Limited Partnership or Limited Liabil | ity Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | ~ |
| If Florida Limited Liability Company: | |
| Signature of a Member or Authorized Representativ | |
| | |
| All others: | (C) |
| Signature of an authorized person. | · |

Fees:

Certificate of Conversion: \$35.00 \$70.00

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

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

| ARTICLE The name of | of the corporation shall be: Torocco's Co | oling and F | leating Inc | |
|---------------------|--|----------------------|-----------------------------------|-------|
| ARTICLE | | | | |
| | Principal street address | | Mailing address, if different is: | |
| 19132 | Dogwood Rd | | | _ |
| Fort M | yers, FL 33967 | | | |
| ARTICLE The purpos | E III PURPOSE se for which the corporation is organized is: | | | الت |
| Any a | nd all lawful business. | | | 本:SEP |
| | | | | P 12 |
| | | | | -P |
| ARTICLE The number | r of shares of stock is: | | | 4:00 |
| ARTICLE | | | | |
| Name and | Title: Lynn Torocco, President | Name and Title | Mark Torocco, VP | |
| Address: | 19132 Dogwood Rd | Address: | 19132 Dogwood Rd | |
| | Fort Myers, FL 33967 | | Fort Myers, FL 33967 | , |
| Name and | Title: | Name and Title | : | |
| Address: | | Address: | | |
| , | T'.d. | No. 1 Table | | |
| Name and | Title: | Name and Title | | |
| Address: | | Address: | | |
| ARTICLE The name: | EVI REGISTERED AGENT and Florida street address (P.O. Box NOT acce | ptable) of the regis | tered agent is: | |
| Address: | 19132 Dogwood Rd | | | |
| Audi CSS: | Fort Myers El 33067 | | | |

| | and address of the Incorporator is: | |
|----------------------------------|--|---|
| Name: | Lynn Torocco | |
| Address: | 19132 Dogwood Rd | |
| | Fort Myers, FL 33967 | |
| | | |
| ****** | *************** | ***** |
| designate | ************************************** | |
| lesignate | | |
| designate capacity L Submit | d in this certificate, I am familiar with and accept the appoint. Towwww. | intiment as registered agent and agree to act in this |
| designate capacity | Required Signature/Registered Agent this document and affirm that the facts stated herein a | intment as registered agent and agree to act in this |