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February 25, 2019

ROMAN ALBANO 13795 N NEBRASKA AVE TAMPA, FL 33613

SUBJECT: THERMAL PERFORMANCE SOLUTIONS, INC.

Ref. Number: W19000018556

We have received your document for THERMAL PERFORMANCE SOLUTIONS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Keyna E Page Regulatory Specialist II

Annual Report Filed.

Letter Number: 419A00003930

2019 11.13 11.11.11



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2019

ROMAN ALBANO 13795 N NEBRASKA AVE TAMPA, FL 33613

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Keyna E Page Regulatory Specialist II

Letter Number: 419A00003930

. . . .

COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Cor	porations			
SUBJECT: THERMAL	PERFORMANCE SOLU	TIONS, INC.		
		Resulting Florida F	rofit Corporation	_
	e of Conversion. Articles Profit Corporation" in ac		and fees are submitted to conv 07.1115, F.S.	vert an "Other Business
Please return all corresp	oondence concerning this	s matter to:		
ROMAN ALBANO				
	Contact Person			
CONTRACTORS' REPO	PRTING SERIVCE INC Firm/Company	,		
13795 N NEBRASKA A	VE Address			
TAMPA, FL 33613	City, State and Zip Code	ę		
INFO@ACTIVATEMYI E-mail address: (t	ACENSE.COM o be used for future annu	ial report notification	on)	
For further information	concerning this matter.	please call:		
ROMAN ALBANO		_at (_813)_	445-7083	_
Name of Co	ontact Person	Area Cod	le and Daytime Telephone Nu	ımber
Enclosed is a check for	the following amount:			
■ \$105.00 Filing Fees	☐\$113.75 Filing Feed and Certificate of Status	□S113.75 Filing I and Certified Cop	Fees S122.50 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center		N D P	AAILING ADDRESS: lew Filings Section Division of Corporations . O. Box 6327 allahassee. FL 32314	

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

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:
THERMAL PERFORMANCE SOLUTIONS, INC. FT - 4375
Enter Name of Other Business Entity
2. The "Other Business Entity" is a FOREIGN CORPORATION
(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 MARYLAND
(Enter state, or if a non-U.S. entity, the name of the country)
on 02/06/2013
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:
FLORIDA
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
THERMAL PERFORMANCE SOLUTIONS, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 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.

Signed this 28TH day of JANUARY	. 20 19	
Required Signature for Florida Profit Co	orporation:	
Signature of Chairman, Vico Chairman, Dir Incorporator:	PRESIDENT	en selected, an
Required Signature(s) on behalf of Other	r Business Entity: [See below for required signature	(s).}
Signature:		
Printed Name: WILLIAM KINNEY	Title: PRESIDENT	_
Signature: William	m (
Printed Name: CHRISTINA KINNEY	Title: SECRETARY	_
Signature: Littley	Kenny	_
Printed Name:	Title:	<u></u>
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	
If Florida General Partnership or Limite Signature of one General Partner.	ed Liability Partnership:	
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:	:
If Florida Limited Liability Company: Signature of a Member or Authorized Repr	resentative.	19 PAR 18 A
All others: Signature of an authorized person.		8

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

The name of the corporation shall be: THERMAL PERFO	DRMANCE SOLUTIONS, INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
23230 LINDA LEE WAY	23230 LINDA LEE WAY
FT. MYERS, FL 33913	FT. MYERS, FL 33913
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
•	
THE PURPOSE OF THE CORPORATION IS TO ENGACE	GE IN ANY LAWFUL ACTIVITY FOR
WHICH A CORPORATION MAY BE ORGANIZED IN T	THE STATE OF FLORIDA.
ANY AND ALL LAWFUL BUSINESS	
	the state of the s
	<u> </u>
	<u> </u>
ARTICLE IV SHARES The number of shares of stock is: 10,000 TO BE HELD A	AT \$1.00 PAR VALUE FACH
Name and Title: WILLIAM KINNEY (P)	Name and Title: CHRISTINA KINNEY (V.P.)
Address: 23230 LINDA LEE WAY	Address: 23230 LINDA LEE WAY
FT. MYERS, FL 33913	FT. MYERS, FL 33913
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	
Name and Title:	
Address:	Address:

ARTICI	E VI REGISTERED AGENT	
The <u>name</u>	e and Florida street address (P.O. Box NO	PT acceptable) of the registered agent is:
Name:	WILLIAM KINNEY	_
Address:	23230 LINDA LEE WAY	_
	FT. MYERS, FL 33913	_
ARTICL		
ine name	and address of the Incorporator is:	
Name:	WILLIAM KINNEY	
Address:	23230 LINDA LEE WAY	
,	FT. MYERS, FL 33913	
******	*************	***********************************
Having be this certific	en named as registered agent to accept seri	vice of process for the above stated corporation at the place designated in
. /	cute, I am jamular with and accept the appo	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
	Janes V	- I The state of t
At I	million,	02/05/2019
	Required Signature/Registered Agent	Date
I submit th	is document and affirm that the facts state	nd having and
document.	to the Department of State constitutes a thir	ed herein are true. I am aware that any false information submitted in a rd degree felony as provided for in s.817.155, F.S.
		a young an province for in 5.617.133, F.S.
_//	1 Mm	CONTRACTOR OF THE PROPERTY OF
000	Required Signatur Incorporator	02/05/2019
		Date

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