

P190000056071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

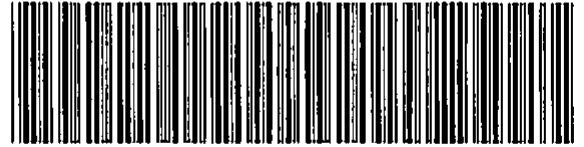
Special Instructions to Filing Officer:

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Office Use Only

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JUL 18 2019



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04/06/19--01020--005 ♦♦105.00

FILED
19 JUL 18 PM 2:45
AT ALABAMA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: HVAC-R TRAINING SCHOOL 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:

ANTONIO CRUZ

Contact Person

HVAC-R TRAINING SCHOOL, LLC

Firm/Company

1272 S JOHN YOUNG PARKWAY

Address

KISSIMMEE, FLORIDA 34741

City, State and Zip Code

ACRUZ@CRUZINSTITUTE.COM

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

For further information concerning this matter, please call:

ANTONIO CRUZ

Name of Contact Person

at (407) 530-5951

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

New Filings 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 **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:

HVAC-R TRAINING SCHOOL, LLC

LI4-87578

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY PARTNERSHIP

(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, USA

(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 2, 2014

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, USA

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

HVAC-R TRAINING SCHOOL INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 2/1/19

(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.

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19 JUL 18 PM 2:45
DEPT OF STATE
AT TALLAHASSEE, FLORIDA

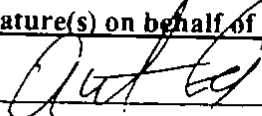
Signed this 25 day of MARCH, 2019.

Required Signature for Florida Profit Corporation:

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

Printed Name: ANTONIO CRUZ Title: PRESIDENT

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

* Signature: 

Printed Name: ANTONIO CRUZ Title: PRESIDENT

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)

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19 JUL 19 PM 2:45
CLERK OF DISTRICT COURT
JUL 19 2019

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: HVAC-R TRAINING SCHOOL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1272 S JOHN YOUNG PARKWAY

KISSIMMEE, FLORIDA 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PURPOSE TO CONVERT FROM AN LLC TO AND S-CORP IS THAT THIS ENTITY ALLOWS THE ADDITION OF
SHAREHOLDERS.

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO CRUZ - CEO

Name and Title: _____

Address: 1272 S JOHN YOUNG PARKWAY

Address: _____

KISSIMMEE, FLORIDA 34741

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Name: ANTONIO CRUZ
Address: 1272 S JOHN YOUNG PARKWAY
KISSIMMEE, FLORIDA 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

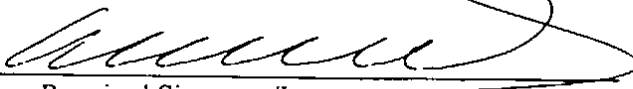
Name: _____
Address: _____

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


Required Signature/Registered Agent

3/25/19
Date

I submit this document and affirm that the facts stated herein are true. 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.

* 
Required Signature/Incorporator

5/3/19
Date

*ERLYN M. DUTCHER
ERLYN'S TREES
2942 PLEASANT HILL RD
KISSIMMEE, FL 34746*

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19 JUL 18 PM 2:46
TALLAHASSEE, FLORIDA