

P190000091247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

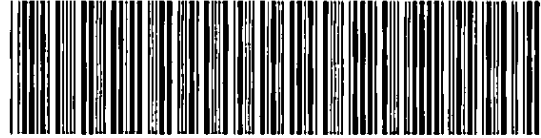
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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10/28/19--01028--030 \*\*105.00

FILED  
2019 DEC 11 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** AireHealth, 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:

Jennifer A. Englert

Contact Person

The Orlando Law Group, PL

Firm/Company

12301 Lake Underhill Road, Suite 213

Address

Orlando, FL 32828

City, State and Zip Code

jschmitt@theorlandolawgroup.com

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

For further information concerning this matter, please call:

Jennifer A. Englert

Name of Contact Person

at ( 407 ) 512-4394

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



**THE ORLANDO  
LAW GROUP, PL**  
*A Private Law Firm*

*12301 Lake Underhill Road, Suite 213  
Orlando, Florida 32828*

*Tel: 407.512.4394  
Fax: 407.955.4654*

December 6, 2019

Division of Corporations  
New Filings Section  
ATTN: Jessica A. Fason, Regulatory Specialist II  
PO Box 6327  
Tallahassee, FL 32314

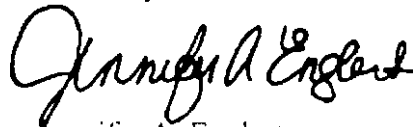
**Re: AireHealth LLC Conversion**  
**Ref No.: W19000102150**  
**Letter No.: 819A00023892**

Ms. Fason,

Pursuant to your correspondence dated November 22, 2019, enclosed please find the amended Certificate of Conversion for **AireHealth LLC**. Kindly process the Conversion and contact my office at the above listed telephone number if any questions or concerns arise.

Thank you for your assistance.

Sincerely,

  
Jennifer A. Englert

JAE: cft

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2019

JENNIFER A. ENGLERT  
12301 LAKE UNDERHILL RD STE 213  
ORLANDO, FL 32828

SUBJECT: AIREHEALTH, INC.  
Ref. Number: W19000102150

We have received your document for AIREHEALTH, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 819A00023892

**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:

AireHealth LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 December 28, 2018  
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**:

AireHealth, 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.

**FILED**  
2019 DEC 11 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

Signed this 25th day of October, 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: Stacie Ruth

Printed Name: Stacie Ruth Title: President and Treasurer

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

✕ Signature: Stacie Ruth

Printed Name: Stacie Ruth Title: Manager

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: AireHealth, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
3251 Progress Drive, Suite F

Orlando, FL 32826

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Respiratory care.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**

The number of shares of stock is: which the full consideration has been paid or delivered shall be deemed fully paid shares of capital stock, and the holder of such shares shall not be liable for any further call or assessment or any other payment thereon.

The total number of shares of all classes of stock which the Corporation shall have authority to issue is  
(i) 10,000,000 of Common Stock of which 700,000 shares shall be designated "Class A Common Stock"  
and 9,300,000 shares shall be designated "Class F Common Stock." Any and all such shares issued for

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stacie Ruth, President and Treasurer Name and Title: \_\_\_\_\_

Address: 3251 Progress Drive, Suite F Address: \_\_\_\_\_  
Orlando, FL 32826 \_\_\_\_\_

Name and Title: Jason Eichenholz, VP and Secretary Name and Title: \_\_\_\_\_

Address: 3251 Progress Drive, Suite F Address: \_\_\_\_\_  
Orlando, FL 32826 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jennifer A. Englert

Address: 12301 Lake Underhill Rd, Ste 213

Orlando, FL 32828

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

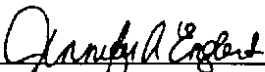
Name: Stacie Ruth

Address: 3251 Progress Drive, Suite F

Orlando, FL 32826

\*\*\*\*\*

*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*



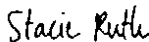
Required Signature/Registered Agent

October 25, 2019

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.*

DocuSigned by:



BA123024BAFB4AA

Required Signature/Incorporator

10/25/2019

Date