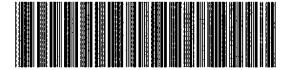
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED 211 MAY 23 PM 12: 18 SECRETARY OF STATE

#### **COVER LETTER**

Tallahassee, FL 32301

TO: Registration Section

FILED

2014 MAY 23 PM 12: 18

## Articles of Conversion For "Other Business Entity" Into

SECRETARY OF STATE FALLAHASSEE, FLORIDA

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  E-Z Anchor Puller MF6. Co, LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Pennsy   Vania</u>
on 8/18/20// (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
E-Z Anchor Puller MFG. Co, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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 Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this day of	_20 <i>_/4</i>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Anger Knopp	Title: Owner
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s).
Signature:	
Signature: Printed Name: Aaron Knopp	Title: <u>Owner</u>
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	TV-1
Printed Name:	Title:
Signature: Printed Name:	Titlo
Signature: Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
E-Z Anchor Puller MFG: Co, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3734 131 <sup>S1</sup> Avenue N. 3734 131 <sup>St</sup> Avenue N. Suite 9 Clearwater, FL 33672 Clearwater, FL 33672
Clearwater, FL 33672 Clearwater, FL 33672
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Aaron Knopp Name
3734 131st Avonue N. Suite 9
Florida street address (P.O. Box NOT acceptable)
<u>Clearwater</u> FL 33672— City Zip
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED)

(CONTINUED)

Tial	NTA A J.J.
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
owner/manager	Aaron Knoop
<del></del>	37.34 131St AVENUE Suite 9
	Clearwater FL 33672
	,
	····
-	
	<del></del>
(Use attachment if necessary)  TICLE V: Effective date, if other than th	ne date of filing:
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-