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| (Address) | |
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| PICK-UP W | AIT MAIL |
| (Business Ent | ity Name) |
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| Certified Copies Cert | ificates of Status |
| Special Instructions to Filing Office | er: |
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JAN 1 2 2018 T SCHROEDER

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|--|--|----------------------------|
| SUBJECT: GRATING FASTENERS LLC | | ' | : ! |
| (Name of Resu | ılting Florida Limited | l Company) | |
| The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia | | | |
| Please return all correspondence concerning | this matter to: | | |
| ROGERS TOUPS | | | |
| (Contact Person) | | | I |
| GRATING FASTENERSLLC | | | |
| (Firm/Company) | | | 1 |
| 4616 PARADISE ISLE | | | |
| (Address) | | | |
| DESTIN FL. 32541 | | | • |
| (City, State and Zip Code) | | | |
| gclip001@aol.com | | | |
| E-mail Address: (to be used for future annual rep | port notifications) | | I |
| For further information concerning this mat | | | |
| ROGERS TOUPS | _at (<u>)</u> | 430-8821 | 1 |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone | e Number) |
| Enclosed is a check for the following amoundollars and drawn on a bank located in the U | • | ocessed by this of | fice must be payable in US |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status | ■\$180.00 Filing F and Certified Copy | | oy, and |
| STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | New Fil Division P. O. Bo | ing Section of Corporations ox 6327 sec, FL 32314 | |

INHS11 (7/17)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

| Statutes. |
|--|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GRATING FASTENERS LLC |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a GRATING FASTENERS LLC |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| |
| 11-15-2007 on |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization |
| GRATING FASTENERS LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte 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. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |
| FILED 18 JAN I I AMIO: I SLCRETARY OF STATE FALL ABASSEE, FLORE |

| : • | | · | i |
|--|---|---------------------------------|------------------|
| Signed this 7 | day of DECEMBER | 20_17 | |
| · | norized Representative of L | | |
| Signature of Author | orized Representative: | There ou as | |
| Signature of Authorized Representative: Title: MANAGING MEMBER | | | MEMBER |
| Signature(s) on be | half of Other Business Entit | <u>y:</u> See below for requir | ed signature(s)] |
| Signatura | man and a series | | } |
| Printed Name ROG | ERS TOUPS | Title: MANAGING N | MEMBER |
| Trincoa Traine. | | 7700. <u></u> | |
| Signature: | | | |
| Printed Name: | | Title: | |
| C: | | | |
| Printed Name: | | Title | |
| Timed Name | | THIC. | |
| Signature: | | | |
| Printed Name: | | Title: | |
| | | | j |
| Signature: | · · · · · · · · · · · · · · · · · · · | | |
| Printed Name: | | little: | <u> </u> |
| Signature: | | | |
| Printed Name: | · | Title: | |
| | | | , |
| If Florida Corpor | | Ofc | |
| | man, Vice Chairman, Director cers have not been selected, a | | |
| ii Directors of Offi | cers have not been selected, a | n meorporator must sign. | ı |
| If Florida Genera | l Partnership or Limited Lia | bility Partnershin: | |
| Signature of one G | | | \ |
| • | | | |
| | l Partnership or Limited Lia | bility Limited Partnersh | ip: |
| Signatures of ALL | General Partners. | | , |
| All others: | | | |
| All others: Signature of an aut | horized person | | , |
| orginature or an aut | погим ресели. | | ! |
| Fees: | | | \ |
| | | | |
| Articles of | Conversion: | \$25.00 | ĺ |

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: TILED

SECRETARY OF STATE

ALL AHLESSEE

d§:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | I |
| GRATING FASTENERS LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4616 PARADISE ISLE | 4616 PARADISE ISLE |
| DESTIN, FL.32541 | DESTIN, FL.32541 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address of the registration. | ered Agent. You must designate an individual or another |
| ROGERS TOUPS | |
| Name | |
| 4616 PARADISE ISLE | |
| Florida street address (P.O. | Box NOT acceptable) |
| DESTIN | FL 32541 |
| City | Zip |
| liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg | accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S ALCERTAGE ALCERTAGE UED) OUR DESCRIPTION OF THE CONTROL OF THE C |

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

| Title: | Name and Address: | ı | |
|----------------------------------|--------------------|------------------|-------------|
| "AMBR" = Authorized Member | _ | | |
| "MGR" = Manager | | | |
| AMBR | ROGERS TOUPS | | |
| <u> </u> | 4616 PARADISE ISLE | | _ |
| | DESTIN FL. 32541 | f 1 | _ |
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| (Files and all and a Company) | | SEC | |
| (Use attachment if necessary) | | JAN CRETA | 7 |
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| OLEM OF THE | | 38 - | - [|
| CLE V: Other provisions, if any. | | | : П |
| | | 7, 7 | |
| | | CORIDA AMARIA | <u>-</u> |
| | | | <u> </u> |
| | | 一个 | |
| REQUIRED SIGNATURE: | | 1 | |
| | | | |

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ROGERS TOUPS

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)