

L11000030233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

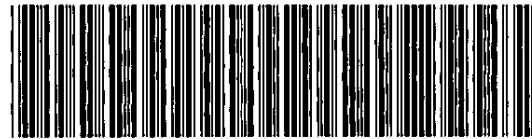
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 02 2017  
Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SILENT STORM HOLDINGS LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Anna H. Winger

Contact Person

Winger Law PLLC

Firm/Company

200 1st Avenue NW, Suite 304

Address

Hickory, NC 28601

City, State and Zip Code

shaylamujic@yahoo.com

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

For further information concerning this matter, please call:

Anna H. Winger

Name of Contact Person

at (828)

381-0186

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

### STREET ADDRESS:

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

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E106 (07/14)

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P. O. Box 6327  
Tallahassee, FL 32314

CR2E106 (07/14)

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

**SILENT STORM HOLDINGS LLC**

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

**SILENT STORM HOLDINGS LLC**

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **limited liability company**  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,  
general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of **North Carolina**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **May 1, 2017**

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: **May 1, 2017**  
(The effective date: 1) cannot be prior to 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 of the conversion under the laws governing the "Other Business Entity.")

**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.

17 APR 28 AM 10:22  
RECEIVED  
FLORIDA DEPARTMENT OF STATE

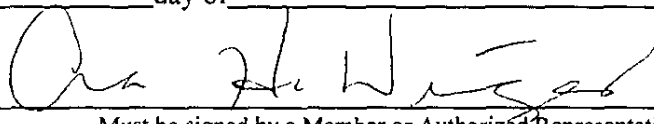
6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 200 1st Avenue NW, Suite 304  
Hickory, NC 28601  
Mailing Address: same

7. 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.

Signed this 13th day of April, 2017

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Anna H. Winger Title: Authorized Representative

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

17 APR 28 AM 10 32  
FILED  
TALLAHASSEE, FLORIDA

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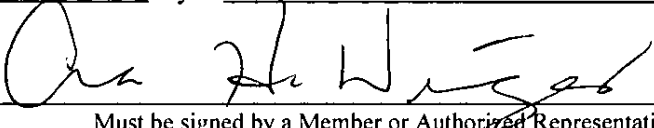
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STATE OF FLORIDA