

L11000051809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 AUG 22 AM 8:55  
TALLAHASSEE, FLORIDA

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AUG 23 2016

S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 22 PM 5:09

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZOOM PRODUCTS 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:

TRACEY GAINES

Contact Person

GAINES AND WELSH FINANCIAL SERVICES, INC.

Firm/Company

3511 CAMINO DEL RIO SOUTH #307

Address

SAN DIEGO, CA 92108

City, State and Zip Code

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

For further information concerning this matter, please call:

TRACEY GAINES

at (619) 282-8290

Name of Contact Person

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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SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
15 AUG 22 PM 5:09

**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:

**ZOOM PRODUCTS LLC.**

Enter Name of Florida Limited Liability Company

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

**ZOOM PRODUCTS LLC.**

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **LLC.**  
(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 **CALIFORNIA**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **AUGUST 2, 2016**  
(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: **AUGUST 2, 2016**  
(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.

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TALLAHASSEE, FLORIDA  
15 AUG 22 PM 5:09

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: 6321 49TH STREET  
SAN DIEGO, CA 92120  
Mailing Address: 6321 49TH STREET  
SAN DIEGO, CA 92120

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 15<sup>th</sup> day of AUGUST, 2016

Signature: M.H. Mustapha

Must be signed by a Member or Authorized Representative

Printed Name: M.H. MUSTAPHA Title: PRESIDENT

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

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TALLAHASSEE, FLORIDA  
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