1400009585

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
1		

Office Use Only



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01/02/14--01014--015 **150.00

B. DOSTICK

JAN 1 6 2014

EXAMINER

COVER LETTER

Division of Corporations	CC 4 IT		
SUBJECT: HVTO Vact	(Name of Resulting Florida Limite	OKIOA, C.C. ed Company)	
		and fees are submitted to convert coordance with s. 605.1045, F.S.	an "Other
Please return all correspondence	concerning this matter to:		
Avto Parts of South	iwest Florion, Inc		
(Firm/Con 1276 SE 9th Te (Addre	1 **		
Cape Weal FL (City, State and	33990 12ip Code) 9mail.com	FALL SS.	2014 JAN 16
For further information concerni	ng this matter, please call:	**************************************	<u> </u>
Karin HELM (Name of Contact Person)	at (<u>239</u>) <u>S</u> (Area Code) (Day	73-/333 ytime Telephone Number)	
Enclosed is a check for the follo	wing amount:		1
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 and Certific Status	-	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	i
STREET ADDRESS:	MAILING A		
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327			
Clifton Building	P. O. BOX 63	241	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.

Page 1 of 2

Signed this day of	_ 20		
Signature of Authorized Representative of Limit			
Signature of Authorized Representative: Printed Name: Kariw HELM	Title: <u>Memser</u>		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]		
Signature: Printed Name: Brad-foro Helm			
Signature: Kala Helm Printed Name: Kalin Helm	•		
Signature:Printed Name:	• •		
Signature: Printed Name:			
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	_ Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.		RLL AI	With Jaw
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	ASSECT ONL	; C
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		'
All others: Signature of an authorized person.		* 16	σ
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 Co	mpany is:
Auto Parts of Go	uthwast Florida, LLC. imited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	aa

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:

Kacin Helm

Name

1307 SE 20th CT

Florida street address (P.O. Box NOT acceptable)

Cape Corr FL 33990

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)

Page 1 of 2

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	Bradford Helm 1307 SE 20th CT Case Coral FL 33996		
AMGR	Karin Helm 1307 St 20th CT Cape CORTL FL 33990		
· 	(1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	e of filing: (OPTIONAL) specific and cannot be more than five business days price		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Nol		
Signature of a member or an authorized representative of a member.			

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

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)



January 9, 2014

KARIN HELM 1226 SE 9TH TERRACE CAPE CORAL, FL 33990

SUBJECT: AUTO PARTS OF SOUTHWEST FLORIDA, INC.

Ref. Number: P97000015514

TALLAHASSE, TO ONLY

We have received your document for AUTO PARTS OF SOUTHWEST. FLORIDA, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 014A00000631