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(Requestor's Name)		
(Address)		
(Ac	idress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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APR 04 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WESTOVER INDUSTRIES, LLC (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Harlan Westover
Westover Industries, LLC
672 RIVER RUN BLUD
Ponte Vedra, FL 32081
(City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: Ar a N V e S over at (904) 460-2/85 S Over at (904) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees
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

INHS11 (02/14)

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.

(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of $\frac{\text{WISCONS/N}}{\text{(Enter state, or if a non-U.S. entity, the name (date of organization formation or incorporation)}}$	of the co	ountry)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Orga	nizat	ion:
WESTOVER INDUSTRIES, 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 date this document is filed by the Florida Department of State; AND 2) must be the san date listed in the attached Articles of Organization, if an effective date is listed therein.)	ne as the		
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.			

2014 APR -2 PH I2: 39
TABLE ARASSEE FLURIDA

Signed this 31 day of March	_20_14	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Harlap WesTovep	Wiston Title: Member	
Signature(s) on behalf of Other Business Entity:		
Signature: H Wes (-	
Signature: Harlan Westover	Title: Member	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
	•	
Signature:		
Printed Name:	_ Title:	
Ciamatana.		
Signature:Printed Name:	Title	
Finited Name.	title.	
Signature:		
Printed Name:		
Timed Nume.		
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or C	Officer.	
If Directors or Officers have not been selected, an Inc		
,		•
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y 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:	\$25.00	hur ,
Fees for Florida Articles of Organization:	\$125.00	- T
Certified Copy:	\$30.00 (Optional)	j
Certificate of Status:	\$5.00 (Optional)	$\mathcal{F}(\hat{x})$
Certificate of Status:	φυ.ου (Ομασιιαι)	3.5

Page 2 of 2

2014 APR -2 PM 12: 39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
WESTOVER INDUSTRIES, LL C (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: 672 River Run BLUD Ponte Vedra, FL 32081 Mailing Address: Harlan Westoven 672 River Run BLUL Ponte Vedra, FL 32081
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: Harlan Westover Name 672 River Run BLUD Florida street address (P.O. Box NOT acceptable) Ponte Vedra FL 3208/ 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 at 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) (CONTINUED) (CONTINUED) (CONTINUED)
Page 1 of 2

Company:		
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: Harlan Westover 672 River Run BLV Pointe Vedra, FL 320	<u>n</u> 8 [
	-	
		
(Use attachment if necessary)		
	te date of filing: (OF) the specific and cannot be more than five but	
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a mem	her
(In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information s constitutes a third degree felony as proving the section of the sect	(1) (b), Florida Statutes, the execution of this denalties of perjury that the facts stated herein are ubmitted in a document to the Department of Syided for in s.817.155, F.S.)	ocument true.
Harlan T	yped or printed name of signee	2014 A
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Registered Agent	of Organization and Designation	APR-2 PH
\$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (C	ptional) 5	77.33
	Page 2 of 2	w w

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

ARTICLE IV-