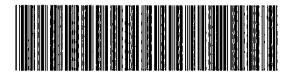
L14000070938

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



100259536531

04/28/14--01050--011 **150.00

B. BOSTICK

MAY - 1 2014

EXAMINER

COVER LETTER

TO: Registration Se Division of Co		· .				
SUBJECT: EGA IN	NVESTMENTS, LLO					
		of Resulting Florida Limite	ed Company)	_		
The enclosed Articles Business Entity" into a	a "Florida Limited Li	ability Company" in a	nd fees are submitted to ecordance with s. 605.1	convert an '045, F.S.	'Other	
Nicole Waring						
	(Contact Person)		•			
EGA Investments, L	.LC					
	(Firm/Company)					
2110 SW 7th Ave St	te 101					
	(Address)					
Ocala, FL 34471						
(Ci	ity, State and Zip Code)					
nicole.waring@partr	ners.mcd.com					
E-mail Address: (to be	used for future annual rep	port notifications)				
For further information	n concerning this mat	ter, please call:				
Nicole Waring		_at (252)301	-8545			
(Name of Contact	t Person)	(Area Code) (Day	rtime Telephone Number)			
Enclosed is a check for	r the following amou	nt:			20	
(\$25 for Conversion	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		13 13 13 13	, i
STREET ADDRESS:	:	MAILING A	ADDRESS:	: • •	-:: -:::	(: us
Registration Section		Registration			03	
Division of Corporatio	ons	Division of C		1	U	
Clifton Building		P. O. Box 63	<i>L1</i>			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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 "C	ther Business Entity" is a Foreign Limited Liability Company M13-5063
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organ	nized, formed or incorporated under the laws of North Carolina
on 10/6/2	009 (Enter state, or if a non-U.S. entity, the name of the country)
(date of	organization, formation or incorporation)
3. The na	me of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EO 4 1	vestments, LLC
EGA In	restrients, LLC
EGA In	(Enter Name of Florida Limited Liability Company)
4. If not e (The effect	

Page 1 of 2

Signed this 22 day of April	20 14
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Waring Management, Inc	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: John Colemn	
Printed Name: Waring Managment, Inc	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	11ue:
Signature:	
Signature:Printed Name:	Title:
	•
Signature:Printed Name:	Title
Timed Name.	Title.
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	-
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fecs:	
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 Company is:

EGA Investn		ciability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		e principal office of the Limited	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
2110 SW 7th Ocala, FL 344		2110 SW 7th Ave Ste 1 Ocala, FL 34471	01
The Limited Liability business entity with		ered Office, & Registered Agen Legistered Agent. You must designate an in the registered agent are:	ndividual or another
The Limited Liability business entity with	ty Company cannot serve as its own R an active Florida registration.)	tegistered Agent. You must designate an in	ndividual or another
The Limited Liability business entity with	ty Company cannot serve as its own R an active Florida registration.) the Florida street address of the Nicole Waring	tegistered Agent. You must designate an in	ndividual or another
The Limited Liability business entity with	ty Company cannot serve as its own R an active Florida registration.) the Florida street address of the Nicole Waring N 2110 SW 7th Ave Ste	tegistered Agent. You must designate an in the registered agent are:	ndividual or another
The Limited Liability business entity with	ty Company cannot serve as its own R an active Florida registration.) the Florida street address of the Nicole Waring N 2110 SW 7th Ave Ste	tegistered Agent. You must designate an in the registered agent are: ame	ndividual or another

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..

(CONTINUED)

Page 1 of 2

Δ	RT	TC	T.I	IV_

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

"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Waring Management, Inc	<u></u> _	_
	2110 SW 7th Ave Ste 101		_
	Ocala, FL 34471		_
AMBR	Nicole Waring		
	2110 SW 7th Ave Ste 101		
	Ocala, FL 34471		
AMBR	Josh Waring		
	2110 SW 7th Ave Ste 101		
	Ocala, FL 34471		
			<u> </u>
(Use attachment if necessary)			
,,			
days after the date of filing.)			
LE VI: Other provisions, if any.			
LE VI: Other provisions, if any. REQUIRED SIGNATURE:			
LE VI: Other provisions, if any. REQUIRED SIGNATURE:			
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of	a membe	
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1)	or an authorized representative of (b), Florida Statutes, the execution o	f this docu	ument
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information sub-	or an authorized representative of (b), Florida Statutes, the execution of the stated here of perjury that the facts stated here mitted in a document to the Department.	of this docured the first firs	ument uc.
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as provided	(b), Florida Statutes, the execution of lities of perjury that the facts stated her britted in a document to the Department of the in s.817.155, F.S.)	of this docured the first firs	ument uc.
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as provided	(b), Florida Statutes, the execution of lities of perjury that the facts stated her britted in a document to the Department of the in s.817.155, F.S.)	of this docured the first firs	ument uc.
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as provided	or an authorized representative of (b), Florida Statutes, the execution of the stated here of perjury that the facts stated here mitted in a document to the Department.	of this docured the first firs	ument uc.
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as provided the section of th	(b), Florida Statutes, the execution of lities of perjury that the facts stated her britted in a document to the Department of the in s.817.155, F.S.)	of this docured the first firs	ument ue.
Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as provided the section of the penal of the section of the penal of the section of the penal of the	(b), Florida Statutes, the execution of lties of perjury that the facts stated her pmitted in a document to the Department of the Department of the State of the	of this docured the first firs	ument ue.
Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal n aware that any false information substitutes a third degree felony as provided by the section for the penal of the section formation substitutes a third degree felony as provided by the section for the penal of the section for the penal of the section for the secti	(b), Florida Statutes, the execution of lties of perjury that the facts stated her pmitted in a document to the Department of the Department of the State of the	of this docured the first firs	ument ue.
Signature of a member accordance with section 605.0203 (1) stitutes an affirmation under the penal aware that any false information substitutes a third degree felony as provided the section of the penal of the section of the penal of the section of the penal of the	or an authorized representative of (b), Florida Statutes, the execution of lities of perjury that the facts stated her omitted in a document to the Department (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	of this docured the first firs	ument ue.