14000080837

| (Re | questor's Name) | |
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| (City | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | e) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to f | Filing Officer: | |
| jo14-29 | 788 | |

Office Use Only



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2014 HAY -8 PH 3: 24

MAY 19 2014 D. BRUCE

TO Fla Dept of State Divison of Comp

TOTAL 60-245-6030

Sam's Certified Aculo Repaire FAC. I Sam's Certified Anda Repaire CCC IS the Same Owner on of Both we are given our Emsant to common to LC extence. From Sam Tedden Owner of Both

2011 MAY -8 PH 3: 24



May 12, 2014

SAM TEDDER 3621 COUNTY ROAD 218 MIDDLEBURG, FL 32068-5703

SUBJECT: SAM'S CERTIFIED AUTO REPAIR, LLC

Ref. Number: W14000029788

We have received your document for SAM'S CERTIFIED AUTO REPAIR, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00010073

COVER LETTER

| TO: Registration Division of C | | | | |
|--|---|-----------------------------------|--|-------------|
| SURJECT. SAM'S | CERTIFIED AUTO | REPAIR, LLC | | |
| | | | Limited Company) | |
| | | | ion, and fees are submitted to "in accordance with s. 605. | |
| Please return all corr | espondence concernin | g this matter to: | | |
| SAM TEDDER | | | | |
| | (Contact Person) | | - | |
| | (Firm/Company) | | - | |
| 3621 COUNTY RO | DAD 218 | | | |
| <u> </u> | (Address) | | • | |
| MIDDLEBURG, FI | 32068-5703 | | | |
| (| City, State and Zip Code) | | - | |
| E-mail Address: (to b | be used for future annual re | port notifications) | - | 2 |
| For further informati | on concerning this ma | tter, please call: | | HA THE |
| SAM TEDDER | | _at (904 | 291-2264 | 200 - 100 A |
| (Name of Conta | act Person) | (Area Code) | (Daytime Telephone Number) | - SA & |
| Enclosed is a check to | for the following amou | nt: | | PH 3: |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ☐\$155.00 Filing Fees and Certificate of Status | \$180,00 Filing and Certified Cop | | # 24 |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|--|--|--|
| SAM'S CERTIFIED AUTO REPAIR, LLC (Must end with the words "Limited Liability | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited Liab | ility Company is: |
| Principal Office Address: | Mailing Address: | |
| 3621 COUNTY ROAD 218 MIDDLEBURG, FL 32068-5703 | SAME | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) | | |
| The name and the Florida street address of the reg | gistered agent are: | 2014 HAY |
| SAM TEDDER Name | | AN AN |
| 3621 COUNTY ROAD 218 | . | - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 |
| Florida street address (P.O. I | | PH 3: |
| MIDDLEBURG | FL 32068-5703 | · 24 |
| City | Zip | |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered. | his certificate, I hereby accept the v. I further agree to comply with a rformance of my duties, and I am stered agent as provided for in Ch | e appointment as the provisions of all familiar with and |
| Registered Agent's Signat | ture (REQUIRED) | |

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | SAM TEDDER 3621 COUNTY ROAD 218 |
| | MIDDLEBURG, FL 32068-5703 |
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| (Use attachment if necessary) | ြည်း မှာ |
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| n effective date is listed, the date must 90 days after the date of filing.) TICLE VI: Other provisions, if any. | e date of filing: (OPTONAL) be specific and cannot be more than five business day |
| n effective date is listed, the date must 90 days after the date of filing.) | e date of filing: (OPTIONAL) be specific and cannot be more than five business day |
| n effective date is listed, the date must 90 days after the date of filing.) TCLE VI: Other provisions, if any. REQUIRED SIGNATURE: | be specific and cannot be more than five business day |
| n effective date is listed, the date must 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member | be specific and cannot be more than five business day |
| reffective date is listed, the date must 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pen | er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pen I am aware that any false information su | er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State |
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Page 2 of 2

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