

L14000187739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GEAR BOX TRANSMISSIONS, LLC
(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:

W. DENIS SHELLEY, ESQ.

(Contact Person)

LEGACY ESTATE PLANNERS, P.L.

(Firm/Company)

313 South Palmetto Ave.

(Address)

Daytona Beach, Florida 32114

(City, State and Zip Code)

shelley@legacyestateplanners.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Denis Shelley at **(386) 252-2531**

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

\$150.00 Filing Fees (\$25 for Conversion and \$125 for Articles)

STREET ADDRESS: MAILING ADDRESS:

Registration Section Registration Section

Division of Corporations Division of Corporations

Clifton Building P. O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF CONVERSION
FOR
"THE GEAR BOX TRANSMISSIONS, INC."
INTO
FLORIDA LIMITED LIABILITY COMPANY

FILED
2014 DEC -1 PM 1:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

THE GEAR BOX TRANSMISSIONS, INC. 911-88018

2. THE GEAR BOX TRANSMISSIONS, INC. (the "Other Business Entity") is a **FLORIDA CORPORATION**, first organized, formed or incorporated under the laws of **FLORIDA** on 10/06/2011.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is :

THE GEAR BOX TRANSMISSIONS, LLC

4. The effective date is the date of filing.

5. The plan of conversion has been approved in accordance with Sections 607.1112 thru 607.1114 and 605.1041-605.1046, Florida Statutes.

Signed this 21 day of Nov., 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Kevin C Langston

Printed Name: KEVIN LANGSTON Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Kevin C Langston

Printed Name: KEVIN LANGSTON Title: President/Director

Signature: Judith A Langston

Printed Name: JUDITH A. LANGSTON Title: Director

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

Fees:

Articles of Conversion: \$25.00

Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)

Certificate of Status: \$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR
THE GEAR BOX TRANSMISSIONS, LLC**
A Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is: **THE GEAR BOX TRANSMISSIONS, LLC.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **41 Circle Drive, Port Orange, Florida 32127.**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: KEVIN LANGSTON

Address: 41 Circle Drive, Port Orange, Florida 32127

NOTE: Use Florida street address (P.O. Box NOT acceptable)

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)

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

Title: Manager

Name : KEVIN LANGSTON

Address: 41 Circle Drive, Port Orange, Florida 32127

"AMBR" = Authorized Member

"MGR" = Manager

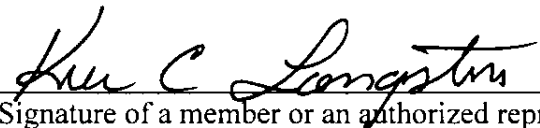
ARTICLE V: Effective date, if other than the date of filing: .

The effective date is the date of the filing of these Articles.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 Print Name: KEVIN LANGSTON
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.)

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TALLAHASSEE, FLORIDA