# L15000025819

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | ÷#)       |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |





800267494678

01/07/15--01016--027 \*\***|50,00** 

EFFECTIVE DATE
1-26-15

15 JAN -7 PM 1:20
SLUKELLAY OF STATE

FEB 1 1 2015

T. BROWN



### **COVER LETTER**

| TO:    | Registration Section Division of Corporations              |                       |                    | •1                |                  |      |        |
|--------|--|-----------------------|--------------------|-------------------|------------------|------|--------|
| SUBJ   | ECT: Octagon   | Sales<br>(Name of Res | and sulting Florid | Suc<br>la Limited | glies<br>Ompany) | LLC. |        |
|        | iclosed Articles of Conversions Entity" into a "Florida Li | •                     | •                  | -                 |                  |      | "Other |
| Please | return all correspondence co                               | oncerning this        | s matter to:       |                   |                  |      |        |

| Anslew Myers (Contact Person)                                       |
|---|
|   |
| Octapon Sales and Supplies  |
| (Firm/Company)  |
| 4314 Diamond Pointe Lane  |
| (Address)   |
| Weston, Florida 33331<br>(City, State and Zip Code)                 |
| (Čity, State and Zip Code)  |
| octagensasc @gnail. Com   |
| E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call:        |
| 1/c. Mucas Ac. 217 7-   |

Enclosed is a check for the following amount:

\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

\$\int \frac{1}{2} \frac{

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### MAILING ADDRESS:

(Area Code) (Daytime Telephone Number)

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



January 22, 2015

ANSLEM MYERS 4314 DIAMOND POINTE LANE WESTON, FL 33331

SUBJECT: OCTAGON SALES AND SUPPLIES, CORP.

Ref. Number: W15000004687

We have received your document for OCTAGON SALES AND SUPPLIES, CORP. 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.

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.

Letter Number: 115A00001350

Teresa Brown Regulatory Specialist II

www.sunbiz.org

EFFECTIVE DATE

## Articles of Conversion For "Other Business Entity" Into

#### Florida Limited Liability Company

TATE AND PH 1:20

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  OCTAGON SOLES OND SUPPLIES, COTO.  (Enter Name of Other Business Entity)  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)  |
| on 30 + Tune 2014.  (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| Octagon Sales and Supplies LLC. (Enter Name of Florida Limited Liability Company)   |
| 4. If not effective on the date of filing, enter the effective date: 26 H. Jan 20.15.  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) |

5. The plan of conversion has been approved in accordance with all applicable statutes.

| Signed this 5th day of January   | 20_/5                                 |
|--|---------------------------------------|
| Signature of Authorized Representative of Limi   | ted Liability Company:                |
| Signature of Authorized Representative:  Printed Name: ANSCEM MYERS  | _ Title: President                    |
| Signature(s) on behalf of Other Business Entity:   | See below for required signature(s).] |
| Signature: Add   |                                       |
| Signature: ANSVEN MYERS  | Title: Director                       |
| Signature:   |                                       |
| Signature: Printed Name:   | Title:                                |
|  |                                       |
| Signature:Printed Name:  | Title:                                |
|  |                                       |
| Signature:Printed Name:  | Tida                                  |
| Printed Name:  | _ ine:                                |
| Signature: Printed Name:   |                                       |
| Printed Name:  | Title:                                |
| Signature:   |                                       |
| Printed Name:  | Title:                                |
| If Florida Compositions  |                                       |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or   | Officer.                              |
| If Directors or Officers have not been selected, an Inc  |                                       |
| IAM and I Comment the second to the I the  | to Dente and the                      |
| If Florida General Partnership or Limited Liability Signature of one General Partner.  | ty Partnersnip:                       |
| organical control control of the con |                                       |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  | ty Limited Partnership:               |
| All others: Signature of an authorized person.   |                                       |
| 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 FLORIDA LIMITED LIABILITY COMPANY

| S:   |   |
|--|---|
| and Supplies LLC. is a                               |   |
| vility Company, "L.L.C.," or "LLC.")                 |   |
| principal office of the Limited Liability Company is | 2   |
| Mailing Address:                                     | ,   |
| Lang Weston, FC                                      |   |
| ì  | and Supplies LLC. of LLC.")  Trincipal office of the Limited Liability Company iso  Mailing Address:  4314 Diamond Points |

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:

**ARTICLE I - Name:** 

Anslew Myers

Name

4314 Digmond Pointe Lane

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

Westen FL 33331

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

| Tidle.  | Mama and Addresse   |
|---|---|
| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:   |
| "MGR" = Manager   | Ansley Myers<br>4314 Diamond Pointe LN.<br>Weston FL 33331  |
|   |   |
|   |   |
| ·<br>•  |   |
|   |   |
|   |   |
|   |   |
|   |   |
| (Use attachment if necessary)   |   |
| CLE V: Effective date, if other than the effective date is listed, the date must  | e date of filing: 26th San 2015 (OPTIONAL) be specific and cannot be more than five business days   |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  | e date of filing: 26th San 2015 (OPTIONAL) be specific and cannot be more than five business days   |
| CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  | e date of filing: 26th San 2015 (OPTIONAL) be specific and cannot be more than five business days   |
| CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)   | e date of filing: 26th San 2015 (OPTIONAL) be specific and cannot be more than five business days   |
| CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) CLE VI: Other provisions, if any.   | e date of filing: 26th San 2015 (OPTIONAL) be specific and cannot be more than five business days   |
| CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of | r 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. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.)                                      |
| CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of | r 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. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.)                                      |
| CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of | r 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. bmitted in a document to the Department of State ided for in s.817.155, F.S.)  MYERS  ped or printed name of signee |

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

ARTICLE IV-

Page 2 of 2