L15000033500

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



200269331092

02/12/15--01007--009 **150.00

15 FEB 12 AM 7: 11
SECRETARY OF STATE

FEB 2 5 2015

T. HAMPTON

COVER LETTER

Division of C	Corporations				
SUBJECT. North E	ast Brokk Repairs L	LC.			
30B3EC1		of Resulting Flor	ida Limite	ed Company)	
				nd fees are submitted to convert an "occordance with s. 605.1045, F.S.	Other
Please return all corre	espondence concernin	g this matter t	o:		
Tyler B. Korn Esq.					
	(Contact Person)				
Korn & Kalish LLP					
	(Firm/Company)				
5150 Tamiami Trai	l N., Suite 302				
	(Address)				
Naples, FL 34103					
((City, State and Zip Code)				
tkorn@korntax.con	n				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please cal	1:		
Tyler B Korn		_at (239	₎ 354·	-4300	
(Name of Conta	ct Person)	(Area Co	de) (Day	ytime Telephone Number)	
Enclosed is a check f	or the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:			ADDRESS:	
Registration Section			stration !		
Division of Corporati Clifton Building	ons		Box 63	Corporations 27	
2661 Executive Center	er Circle			FL 32314	

Tallahassee, FL 32301

TO: Registration Section

KORN & KALISH LLP

NAPLES ~ NEW YORK

THE NEWGATE TOWER 5150 NORTH TAMIAMI TRAIL, SUITE 302 NAPLES, FLORIDA 34103

February 24, 2015

Florida Division of Corporations Amendment Section P.O. Box 6327 Tallahassee FL 32314

Re: North East Brokk Repairs Inc.

Dear Sir or Madam:

The enclosed filings are hereby made for North East Brokk Repairs Inc.:

- 1. Articles of Dissolution; and
- 2. Articles of Conversion and Articles of Organization

North East Brokk Repairs Inc. was incorporated in New York State in 2013. The owners of the corporation, desiring to <u>convert</u> the corporation into a Florida corporation, mistakenly filed Articles of Incorporation (i.e., for a new corporation) with the Florida Division of Corporations.

In order to remedy this, we are (a) <u>dissolving</u> the Florida corporation; and (b) <u>converting</u> the corporation to a Florida limited liability company.

This letter serves as formal confirmation that North East Brokk Repairs Inc. has no intention of revoking its dissolution. It intends for its name ("North East Brokk Repairs") to be available for its principals to organize "North East Brokk Repairs LLC."

If you have any questions, please call me at (239) 354-4300.

Thank you for your kind assistance with these filings.

Sipcerely

Tyler B. Korn, Esq.

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.

1. The name of the "Other Busin North East Brokk Repairs Inc.	ess Entity" immediately prior to the filing of the Articles of Conversion is:
	inter Name of Other Business Entity)
2. The "Other Business Entity" is	Corporation
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	orated under the laws of New York
on April 29, 2013	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or i	ncorporation)
3. The name of the Florida Limit	ed Liability Company as set forth in the attached Articles of Organization:
North East Brokk Repairs LLC	
(Enter Nam	ne of Florida Limited Liability Company)
date this document is filed by th	iling, enter the effective date: e prior to date of receipt or filed date nor more than 90 days after the e Florida Department of State; <u>AND</u> 2) must be the same as the effective les of Organization, if an effective date is listed therein.)
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.

Page 1 of 2

15 FEB 12 AH 7: 11
SECRETARY OF STATE
ANASSEE, FLORIDA

Signed this 9th day of February	20 <u>15</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Boule Printed Name: Beryle Herman	Title: President
Signature(s) on behalf of Other Business Entity:	
Signature: SEN Printed Name: Bervie Herman	
Printed Name: Bervie Herman !	_ Title: President
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
in Directors of Officers have not been selected, an inc	corporator must sign.
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

15 FEB 12 AM 7: 11
SECRETARY OF STATE
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
North East Brokk Repairs Inc. (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	bility Co	mpan	y is:
Principal Office Address:	Mailing Address:			
13509 Whitby Rd Hudson FL 34667	13509 Whitby Rd Hudson FL 34667			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's lered Agent. You must designate an individual	Signatu: ual or anoth	re: er	
The name and the Florida street address of the r	egistered agent are:			
Korn & Kalish LLP				
Name				
5150 Tamiami Trail N., S	uite 302			
Florida street address (P.O	. Box NOT acceptable)			
Naples .	FL34103			
City	Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	n this certificate, I hereby accept to ity. I further agree to comply with performance of my duties, and I a	he appoii h the pro m familia	ntmen vision ir with	t as s of ali h and
Registered Agent's Sign	nature (REQUIRED)			
(CONTIN	UED)	SECRETARY OF TALLAHASSEE.F	15 FEB 12 AM	A STATE OF THE STA

Company:		
Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Doods Hawson	
MGR	Beryle Herman	
	13509 Whitby Rd Hudson FL 34667	
	110000111 E 0-1001	
MGR	Blessing Herman	
	13509 Whitby Rd	
	Hudson FL 34667	
		
		
		····
effective date is listed, the date mu	the date of filing: ust be specific and cannot be more than five	. (OPTIONAL) e business days
LE V: Effective date, if other than	the date of filing: ust be specific and cannot be more than five	. (OPTIONAL) e business days
LE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: ist be specific and cannot be more than fiv	. (OPTIONAL) ve business days
LE V: Effective date, if other than ffective date is listed, the date mud days after the date of filing.)	the date of filing: ust be specific and cannot be more than five Ala	. (OPTIONAL) re business days
CLE V: Effective date, if other than effective date is listed, the date mud days after the date of filing.) CLE VI: Other provisions, if any.	the date of filing: ast be specific and cannot be more than five. A	. (OPTIONAL) re business days
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	est be specific and cannot be more than five	e business days
CLE V: Effective date, if other than ffective date is listed, the date multiple days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of a me	ber or an authorized representative of a realties of perjury that the facts stated herein submitted in a document to the Department	nember, his document n are true.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of a many accordance with section 605.020 enstitutes an affirmation under the pum aware that any false information institutes a third degree felony as property and the pum aware that any false information institutes a third degree felony as property and the pumping the pumpin	ber or an authorized representative of a resulties of perjury that the facts stated herein submitted in a document to the Department rovided for in s.817.155, F.S.)	nember, his document n are true.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of a many accordance with section 605.020 enstitutes an affirmation under the pum aware that any false information institutes a third degree felony as property and the pum aware that any false information institutes a third degree felony as property and the pumping the pumpin	ber or an authorized representative of a realties of perjury that the facts stated herein submitted in a document to the Department	nember, his document n are true.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment accordance with section 605.020 and aware that any false information under the part aware that any false information institutes a third degree felony as property and the section of the part aware that any false information institutes a third degree felony as property and the section of the part aware that any false information institutes a third degree felony as property and the section of the part aware that any false information institutes a third degree felony as property and the section of the part aware that any false information in the section of the part aware that any false information institutes a third degree felony as property as the section of the part aware that any false information in the part aware that a part aware th	ber or an authorized representative of a resulties of perjury that the facts stated herein submitted in a document to the Department rovided for in s.817.155, F.S.)	nember. his document n are true. of State
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment accordance with section 605.020 and aware that any false information under the part aware that any false information institutes a third degree felony as property and the section of the part aware that any false information institutes a third degree felony as property and the section of the part and the part and the section of the part and the part and the section of the part and t	ber or an authorized representative of a result of a result of the resul	nember. his document n are true. of State
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of a management of a ment of a management of a manage	ber or an authorized representative of a resulties of perjury that the facts stated herein submitted in a document to the Department rovided for in s.817.155, F.S.)	nember. his document n are true. of State
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment accordance with section 605.020 institutes an affirmation under the p m aware that any false information institutes a third degree felony as properties as the degree felony as properties. Signature of a ment accordance with section 605.020 institutes an affirmation under the p m aware that any false information institutes a third degree felony as properties. Signature of a ment accordance with section 605.020 institutes an affirmation under the p m aware that any false information institutes a third degree felony as properties. Signature of a ment accordance with section 605.020 institutes an affirmation under the p m aware that any false information institutes a third degree felony as properties.	ber or an authorized representative of a result of a result of the submitted in a document to the Department rovided for in s.817.155, F.S.) Typed or printed name of signee	nember. his document n are true. of State
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of a ment of a management of a ment of a	ber or an authorized representative of a real ties of perjury that the facts stated herein submitted in a document to the Department rovided for in s.817.155, F.S.) Typed or printed name of signee es of Organization and Designation conal)	nember. his document n are true. of State