1500050885

(Reque	estor's Name)	
(Addre	ss)	
(Addres	ss)	
(City/SI	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to Filin	ng Officer:	
W5,718	NP	

Office Use Only



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MAR 2 4 2015 Chi BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2015

LESLIE WISE 4021 S PINE AVE OCALA, FL 34480

SUBJECT: WISE AUTO SALES, LLC

Ref. Number: W15000017876

2015 HAR 23 PM I2: 38

We have received your document for WISE AUTO SALES, LLC and your check(s) totaling \$155.00. 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.

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: 315A00005103

COVER LETTER

TO: Registration Division of C						
SUBJECT: Wise A	uto Sales, LLC					
SUBJECT:		of Resulting Florida	a Limited	Company)	-	
				fees are submitted to coordance with s. 605.10		er
Please return all con	respondence concernin	g this matter to:				
Leslie Wise						
	(Contact Person)		_			
Wise Auto Sales			_			
	(Firm/Company)					
4021 S Pine Ave						
	(Address)		_			:
Ocala, FL 34480						Car
(City, State and Zip Code)		_		18 N N N N N N N N N N N N N N N N N N N	Taranga (
wiseauto@embaro	qmail.com				<u> </u>	1
E-mail Address: (to	be used for future annual re	port notifications)			= = = = = = = = = = = = = = = = = = = =	
For further informat	ion concerning this ma	tter, please call:			PHI2: 38 GF STAIL FF ORIDA	A STATE OF THE PARTY OF THE PAR
EJ Wise		at (352	690-7	377	19 COG	
(Name of Cont	act Person)) (Dayti	me Telephone Number)	•	
Enclosed is a check	for the following amou	int:				
\$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 Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES Registration Section Division of Corpora		Regist	ration S	DDRESS: action acroorations		

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

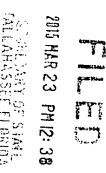
Into

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Wise Auto Sales, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation POLODOPAO (Enter entity type, Example, corporation, limited partnership.
(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
01/03/2004 (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:
Wise Auto Sales, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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; <u>AND</u> 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.

Page 1 of 2



Signed this 20th day of February	20 <u>15</u> .	
Signature of Authorized Representative of I	Limited Liability Company:	
Signature of Authorized Representative: Printed Name: Leslie Wise	Loli Wise Title: MGR	
Signature(s) on behalf of Other Business Enti	-	
Signature: Listi Wise Printed Name: Leslie Wise	Title: President	
Signature:Printed Name:	Title:	-
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a		
If Florida General Partnership or Limited List Signature of one General Partner.	ability Partnership:	
If Florida Limited Partnership or Limited Liz Signatures of <u>ALL</u> General Partners.	ability Limited Partnership:	
All others: Signature of an authorized person.		20 7
Fees:		AHASSI MAR 23
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	3 PHIZ: 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Vise Auto Sales, LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
1021 S Pine Ave	4021 S Pine Ave	
Ocala, FL 34480	Ocala, FL 34480	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individu	
The name and the Florida street address of the re	egistered agent are:	
Leslie Wise		
Name		
4021 S Pine Ave Florida street address (P.O.	Box NOT accentable)	
<u>Ocala</u> City	<u>FL 34480</u> Zip	
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 capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept to ty. I further agree to comply with erformance of my duties, and I a	he appointment as h the provisions of all m familiar with and Chapter 605, F.S
Lisli 4	JUST (BEOLUBED)	
Registered Agent's Sign		23 PM
(CONTINI	U ED)	
Page 1 of	72	(교육 (A)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Leslie Wise 4021 S Pine Ave Ocala, FL 34480
(Use attachment if necessary)	
ICLE V: Effective date, if other than t	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
effective date is listed, the date mus 90 days after the date of filing.) ICLE VI: Other provisions, if any.	

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.)

> Leslie Wise Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)