#1/5000088084

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
W15-2867	7 AR	

Office Use Only



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K.SALY EXAMINER EXAMINER 19 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

CHARLES MUCHMORE 1645 EAST ORANGESIDE RD. PALM HARBOR, FL 34683

SUBJECT: MUCHMORE GENERAL SERVICES LLC

Ref. Number: W15000028677

We have received your document for MUCHMORE GENERAL SERVICES 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.

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.

Karen A Saly Regulatory Specialist II

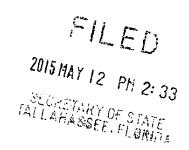
Letter Number: 015A00008280

pocument Number: P11000103832

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: Muchm	ore General Service	es LLC		
			of Resulting Florida	Limite	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
Charl	es Muchmore	•			
		(Contact Person)			
Much	more Genera	l Services LLC			
		(Firm/Company)			·
1645	East Oranges	side Road			
		(Address)			
Palm	Harbor, FL 34	4683			
	(0	City, State and Zip Code)			
charle	esmuchmore@	notmail.com			
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
Charl	es Muchmore		at (⁷²⁷	785-	2650
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
Enclos	sed is a check for	or the following amou	int:		
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Division Cliftor 2661 E	ET ADDRESS ration Section of Corporation Building Executive Center assee, FL 3230	ons er Circle	Registra Division P. O. Bo	tion S of C ox 632	orporations

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" imm Muchmore General Services Corp	mediately prior to the filing of the Articles of Conversion is:
(Enter Name of Oth	
2. The "Other Business Entity" is a Corporatio	on .
(Enter entity ty	pe. Example: corporation, limited partnership, thership, common law or business trust, etc.)
First organized, formed or incorporated under th	e laws of Florida
12/05/2011	(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 Co	ompany as set forth in the attached Articles of Organization:
Muchmore General Services LLC	
(Enter Name of Florida Limi	ted Liability Company)
	e of receipt or filed date nor more than 90 days after the partment of State; AND 2) must be the same as the effective
5. The plan of conversion has been approved in a	accordance with all applicable statutes.

Page 1 of 2

,		
Signed this 31 day of March	20 <u>15</u>	FILED
Signature of Authorized Representative of Limit	ted Liability Company:	2015 MAY 12 PM 2: 33
Signature of Authorized Representative of Limits Signature of Authorized Representative; Printed Name: Charles Muchmore Signature(s) on behalf of Other Business Entity:	Title: Manager	- CLCARTARY OF STATE
Signature(s) on behalf of Other Business Entity:	See below for required sign	nature(s).]
Signature: Printed Name: Charles Muchmore	Title: President	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.		
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Muchmore General Services LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
1645 East Orangeside Road	1645 East Orangeside Road	
Palm Harbor, FL 34683	Palm Harbor, FL 34683	
		
	istered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or a fifther registered agent are:	another
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	m Registered Agent. You must designate an individual or a of the registered agent are:	another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)	m Registered Agent. You must designate an individual or a of the registered agent are:	another 21 5 MAY 12
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)	m Registered Agent. You must designate an individual or a fifthe registered agent are: Name	another 2015 MAY 12 PR
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Charles Muchmore 1645 East Oranges	m Registered Agent. You must designate an individual or a fifthe registered agent are: Name	another 2015 MAY 12 PR
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Charles Muchmore 1645 East Oranges	Registered Agent. You must designate an individual or a of the registered agent are: Name ide Road	another 21 5 MAY 12

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Charles Muchmore
	1645 East Orangeside Road
	Palm Harbor, FL 34683
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<u> </u>	
	<u> </u>
	رم رم الم
(Use attachment if necessary)	
LE V: Effective date, if other than the frective date is listed, the date must be	date of filing: (OPTIONAL be specific and cannot be more than five business da
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (1) istitutes an affirmation under the penan aware that any false information sul	r or an authorized representative of a member.) (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, bmitted in a document to the Department of State
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CLE V: Effective date, if other than the effective date is listed, the date must be 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.) (b), Florida Statutes, the execution of this document littles of perjury that the facts stated herein are true, bmitted in a document to the Department of State ded for in s.817.155, F.S.) Ded or printed name of signee f Organization and Designation al)

ARTICLE IV-

Page 2 of 2