(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	P12-8	1289
	W15-3	25105
Wrong Fo	IM L Meney	<u> </u>
	Office Use On	



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06/02/15--01003--021 \*\*115.00

05/07/15--01006--007 \*\*35.00

JUN -2 2015



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2015

SURPLUS FUNDS LLC ATTN; MIKE DAMICO 17633 GUNN HWY, STE. 165 ODESSA, FL 33556

SUBJECT: FAST TECH PRO INC Ref. Number: P12000081289

We have received your document for FAST TECH PRO INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted improper forms to convert a Florida corporation to a Florida limited liability company. We are enclosing proper forms and instructions for your convenience.

The fee to file the conversion and articles of organization is \$150.00. Therefore, there is a balance due of \$115.00.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 015A00009960

### **COVER LETTER**

_	stration S	orporations				
SUBJECT:	SURF	LUS FUNDS LLC				
SOBJECT.		(Name	of Resu	ulting Florida	Limited	Company)
						d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return	all corre	espondence concerning	g this	matter to:		
	MIKE	DAMICO				
		(Contact Person)		<del></del>		
	SURPL	US FUNDS LLC				
		(Firm/Company)				
	17633 C	GUNN HIGHWAY SUIT	E 165			
	-	(Address)				
	TAMP.	A, FLORIDA 33556				
	((	City, State and Zip Code)				
	BIGBO	YONE1@VERIZON.NE	Γ			
E-mail Add	lress: (to b	e used for future annual re	port no	otifications)		
For further in	nformatio	on concerning this ma	tter, p	lease call:		
MIKE DAM	IICO		at (	813 ,	363-8	8140
(Nam	e of Conta	ct Person)	(_	(Area Code)	(Dayt	time Telephone Number)
Enclosed is a	a check f	or the following amou	nt:			
\$150.00 Fil (\$25 for Conve & \$125 for Art of Organization	rsion icles	\$155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET A Registration Division of C Clifton Build 2661 Execut	Section Corporati	ions		Registra Division P. O. Bo	ntion S n of Co ox 632	orporations
Tallahassee,				i dilaita:	3300, I	<i>11 223</i> (T

INHS11 (02/15)

# 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 FAST TECH PRO INC.	Entity" immediately prior to the filing of the Article	es of Conversion is:
(Enter	Name of Other Business Entity)	112-81287
2. The "Other Business Entity" is a	CODDODATION	
	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporat	ted under the laws of FLORIDA	
09/25/2012	(Enter state, or if a non-U.S. entity, the	name of the country)
on (date of organization, formation or incor	rporation)	
3. The name of the Florida Limited I SURPLUS FUNDS L	Liability Company as set forth in the attached Artical LC	eles of Organization:
(Enter Name of	Florida Limited Liability Company)	
(The effective date: 1) cannot be podate this document is filed by the F date listed in the attached Articles of	g, enter the effective date:  rior to date of receipt or filed date nor more than lorida Department of State; AND 2) must be the of Organization, if an effective date is listed there not meet the applicable statutory filing requirements, this date to of State's records.	190 days after the same as the effective ein.)
5. The plan of conversion has been ar	oproved in accordance with all applicable statutes.	

Page 1 of 2

15 HAY 21 PH 4: 40

Signed this 19TH day of MAY	20 <u>15</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:  Printed Name: MIKE DAM: CO	Title: CEO	, <del>-</del>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: Deborale Larson-Dames Printed Name: DEBORAN LARSON-DAMES	Damino COTitle: PRESIDENT	<del>-</del>
Signature:Printed Name:	Title:	<del>-</del>
Signature: Printed Name:	Title:	- -
Signature:Printed Name:	Title:	<del>-</del> -
Signature:Printed Name:	Title:	<b>-</b>
Signature:Printed Name:	Title:	<b>-</b> -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.		
All others: Signature of an authorized person.		
Fees:		<i>≈</i>
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED PR

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the L	imited Liability Company	is:		
	SURPLUS FUNDS LLC			
(Mu	ast end with the words "Limited Li	ability Compan	y, "L.L.C.," or "L	LC.")
ARTICLE II - Ad The mailing addres		principal o	office of the L	imited Liability Company is:
Principal Office A	Address:	<u>Mailir</u>	ng Address:	
7633 GUNN HIGHV	VAY	17633 (	GUNN HIGHWA	AY
SUITE 165		SUITE	165	
TAMPA, FLORIDA	33556	TAMPA	A, FL 33556	
The Limited Liability Co business entity with an a	egistered Agent, Register ompany cannot serve as its own Reactive Florida registration.)  Florida street address of the	gistered Agent.	. You must design	d Agent's Signature: ate an individual or another
	MIKE DA	MICO		
	Na	me		
	17633 GUNN HIGH	WAY SUITE	E 165	
	Florida street address (P	O. Box <u>NO</u>	OT acceptable	) Pro 0
	ТАМРА	FL	33556	
	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

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Memb	per
"MGR" = Manager	
AMBR	DEBORAH LARSON-DAMICO
	17633 GUNN HIGHWAY SUITE
	TAMPA, FLORIDA
AMBR	MIKE DAMICO
, work	
	TAMPA, FLORIDA 33556
	17633 GUNN HIGHWAY SUITE 165 TAMPA, FLORIDA 33556
	· · · · · · · · · · · · · · · · · · ·
	2
•	
(Use attachment if necessary)	
(Obo attachment if necessary)	
CICLE V. Effective data if other	than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days pri
r 90 days after the date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed as
in the date inserted in this block does need to the Department	of State's records
ment's effective date on the Department	of State & records.
CICLE VI: Other provisions, if an	
TICLE VI. Other provisions, it air	y.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Mile Dani
	Make Slaw
Signature of a 1	member or an authorized representative of a member.
Signature of a r	member or an authorized representative of a member. 15.0205 (3), Florida Statutes, the execution of this document
Signature of a real (In accordance with section 60 constitutes an affirmation under	member or an authorized representative of a member. 15.0205 (3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Signature of a real (In accordance with section 60 constitutes an affirmation under to 1 am aware that any false information to 1 and 1 an	member or an authorized representative of a member. 15.0205 (3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 15.0205 (3) at the facts stated herein are true. 15.0205 (3) at the facts stated herein are true. 15.0205 (3) at the facts stated herein are true. 15.0205 (3) at the facts stated herein are true. 16.0205 (3) at the facts stated herein are true.
Signature of a real (In accordance with section 60 constitutes an affirmation under the lam aware that any false information that any false information that are the lambda and the lambda are the lambda and the lambda are the lambda	member or an authorized representative of a member. 15.0205 (3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

 $\frac{MIKE}{\text{Typed or printed name of signee}}$ 

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)