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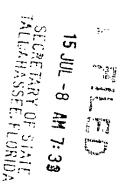
(Req	juestor's Name)	,
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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JUL 0 9 2015 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

JOHN RICHARDS 136 BRIGHTON CIRCLE AUBURNDALE, FL 33823

SUBJECT: JLR ENTERPRISES, LLC

Ref. Number: W15000025700

We have received your document for JLR ENTERPRISES, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00007331

COVER LETTER

	gistration S vision of C	Section orporations				
CHD IFC	r. JLR En	terprises, LLC			•	
SUBJEC	ı ;		of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to convert an "Othercordance with s. 605.1045, F.S.	her
Please retu	ım all corr	espondence concernin	g this matter to:			
John Ricl	hards					
	·	(Contact Person)				
		(Firm/Company)				
136 Briat	nton Circle	• • •				
		(Address)				
Auburnda	ale, FL 33	823				
	(6	City, State and Zip Code)				
jricha16@	gtampaba	y.rr.com		•		
E-mail A	Address: (to b	e used for future annual re	port notifications)			
For further	r informati	on concerning this ma	tter, please call:			
John Rich	hards	·	_at (863	967-	-1600	
(Na	ame of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclosed i	s a check f	or the following amou	int:			
\$150.00 (\$25 for Con & \$125 for A of Organizat	version Articles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing 8 and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET	ADDRES	S:			ADDRESS:	

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

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

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

,	(Enter Name of Other Business Entity)	· -	
2. The "Other Business Entity	y" is a LLC	· · · · · · · · · · · · · · · · · · ·	, a suppose
	(Enter entity type. Example: corporation, lim general partnership, common law or busin		
First organized, formed or inc	orporated under the laws of Utah		•
01/22/2015	(Enter state, or if a nor	n-U.S. entity, the name of	the country)
(date of organization, formation	or incorporation)		
JLR Enterprises, LLC (Enter	Name of Florida Limited Liability Company)	attached Articles of (Organization:
JLR Enterprises, LLC (Enter 4. If not effective on the date (The effective date: 1) canndate this document is filed b	Name of Florida Limited Liability Company) of filing, enter the effective date! ot be prior to date of receipt or filed date in the prior to date of the prior the prior to date	nor more than 90 day	ys after the
4. If not effective on the date (The effective date: 1) canndate this document is filed by	Name of Florida Limited Liability Company) of filing, enter the effective date: ot be prior to date of receipt or filed date i	nor more than 90 day	ys after the
4. If not effective on the date (The effective date: 1) canndate this document is filed b date listed in the attached A	Name of Florida Limited Liability Company) of filing, enter the effective date! ot be prior to date of receipt or filed date in the prior to date of the prior the prior to date	nor more than 90 day 2) must be the same a 3 is listed therein.)	ys after the

. Signed this	day of	20	
Signature o	of Authorized Representative of Lim	ited Liability Company:	
Signature of Printed Nam	Authorized Representative:		
		See below for required signature(s).	
Signature:	du tu		
Printed Nam	e:John Richards	Title: Member	
Signature:			
Printed Nam	e:	Title:	
Signature:		;	
Printed Nam	e:	Title:	
Signature		•	
Printed Nam	e:	Title:	
Signature:			
Printed Nam	e:	Title:	
•			
Printed Nam	e:	Title:	
If Florida C Signature of		Officer.	
	eneral Partnership or Limited Liabil	ity Partnership:	
Signature of	one General Partner.		
If Florida L Signatures o	<u>imited Partnership or Limited Liabil</u> f <u>ALL</u> General Partners.	ity Limited Partnership:	
All others: Signature of	an authorized person.		
Fees:			
Fees Certi	cles of Conversion: for Florida Articles of Organization: ified Copy: ificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	11011



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>Enterprise</u>	(Must end with the words	s "Limited Liabil	ity Company,	"L.L.C.," or "LLC.")	
ARTICLE II - The mailing add	Address: lress and street add	ress of the p	incipal off	ice of the Limited	Liability Co
Principal Offic	e Address:		Mailing	Address:	
136 Brighton (Auburndale, F		· · · · · · · · · · · · · · · · · · ·	Same		
(The Limited Liabilit	- Registered Agen ty Company cannot serve an active Florida registra	as its own Regis	l Office, & tered Agent. Y	Registered Agen	nt's Signatu ndividual or anotl
The name and the	he Florida street ad	dress of the	egistered a	igent are:	
The name and the	he Florida street ad Lynne Richar		egistered a	igent are:	
The name and t				gent are:	
The name and t	Lynne Richar	ds Name	2		
The name and t	Lynne Richar	ds Name	2		z.
The name and t	Lynne Richard 136 Brighton Florida street Auburndale	Name Circle address (P.C	2	[acceptable)	e
The name and t	Lynne Richard 136 Brighton Florida street Auburndale	ds Name	2	r acceptable)	er.

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Am&C	HAROLD J. RICHARDS 136 BRIGHTON CIRCLE AUBURNDALE FL. 33823
AMBR	LYNNE B. RICHARDS 136 BRIGHTON CIRCLE AUDURNDALE, FL 33823
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days
ICLE V: Effective date, if other than the	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the penalse)	er or an authorized representative of a member of 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are due abmitted in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)