# L15000132588

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates or Status
Special Instructions to Filing Officer:
10000
WP-31201





200274848392

05/05/15--01004--002 \*\*25.00

07/23/15--01010--001 \*\*125.00

SECRETARY OF STATE
MILAMASSEE, PLOPING

15 AUG -3 PH 1: 39



## COVER LETTER

	Registration S Division of C			•
SUBJE	CT:SENW	ATEC LLC		
50202	···	(Name	of Resulting Florida Lim	ited Company)
The enc Busines	losed Articles s Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, ability Company" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please r	eturn all corre	espondence concerning	g this matter to:	
HENNIN	IG <sub>(</sub> CLASEN			
	·	(Contact Person)		
SENWA	TEC LLC			
		(Firm/Company)		
6449 SO	UTH TEX PT			
		(Address)		
HOMOS	ASSA FL 34440	5		
	(0	City, State and Zip Code)		
INFO@S	ENWATEC.CO	)M		
E-mai	l Address: (to be	e used for future annual re	port notifications)	
For furth	ner informatio	on concerning this ma	tter, please call:	
HENNIN	G CLASEN		_at $(\frac{315}{})^{751}$	1-1471
	(Name of Conta	ct Person)	(Area Code) (D	aytime Telephone Number)
Enclose	d is a check fo	or the following amou	nt:	
		□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Registra Division	T ADDRESS tion Section of Corporati Building	,	Registration	Corporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



July 29, 2015

HENNING CLASSEN 6449 SOUTH TEX PT HOMOSASSA, FL 34446

SUBJECT: SENWATEC LLC Ref. Number: W15000051237

We have received your document for SENWATEC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Conversion fee is \$150.00. Please mail a check or money order for \$25.00.

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) 245-6052.

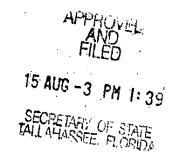
Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 615A00015898

### **Articles of Conversion** For

# "Other Business Entity"

### 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SENWATEC LLC $M/3 - 3973$
· (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(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:
SENWATEC 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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

, · · · · ·		
Signed this 92 day of July	_ 20_15	APPROVEL
Signature of Authorized Representative of Limi	ted Liability Company:	ALB
Signature of Authorized Representative:	Title: Registered/Authorized Agent	15 AUG -3 PM 1:39
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]	SECPETARY OF STATE ALL AHASSEE, FLORIDA
Signature: H. Lleww Printed Name: HENNING CLASEN	Title: Registered/Authorized Agent	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty 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)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SENWATEC LLC	
(Must end with the words "Limited Liabilitation ARTICLE II - Address:  The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6449 SOUTH TEX PT	6449 SOUTH TEX PT
HOMOSASSA FL 34446	HOMOSASSA FL 34446
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the register and the Florida street address of the registration.	ered Agent. You must designate an individual or another
HENNING CLASEN	
Name	ES S
6449 SOUTH TEX PT	Box NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)
HOMOSASSA	FL 34446
City	Zip Sin 33

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:	" = Author	rized Member	Name and Address:
	– Aumor Manager =		
MGR	– Manager	Į.	HENNING CLASEN
		_	6449 SOUTH TEX PT
			HOMOSASSA FL 34446
		_	
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		•	77 27
		`	
(Use atta	chment if	necessary)	
		- '	he date of filing: (OPTIONAL)
ICLE V: 1	Effective da	ate, if other than the	he date of filing: (OPTIONAL)
CLE V: I	Effective da	ate, if other than the	he date of filing: (OPTIONAL) at be specific and cannot be more than five business days
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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)

Typed or printed name of signee

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HENNING CLASEN