# 115000169455

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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SECRETARY OF STATE
TAIL ANASSEE FLORID

OCT - 6 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	DE BY SIDE LLC esulting Florida Limited Company)
(Name of Re	esulting Florida Limited Company)
·	of Organization, and fees are submitted to convert an "Other lity Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	is matter to:
WILLIAM GRAYSON  (Contact Person)  Angels SIDE BY SIDE  (Firm/Company)  3681 N.W. 32 St.  (Address)	
Lauderdale, LAKES 1	=1.33709
LAUDER JAIE LAICES F (City, State and Zip Code)	
E-mail Address: (to be used for future annual report in	<u>vail.</u> CoH.
For further information concerning this matter,	please call:
(Name of Contact Person) at	(954)594-0949
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$180.00 Filing Fees, d Certified Copy  Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

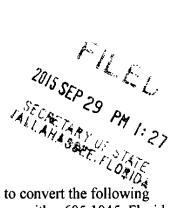
#### **Articles of Conversion**

For

### "Other Business Entity"

Into

#### Florida Limited Liability Company



The Articles of Conversion <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:  Angels Side By Side In C  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Florion
on 4/22/2010 (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:
Angels SIDE BY SIDE LL.C.
(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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

X	Signed this 24 day of September 15
	Signature of Authorized Representative of Limited Liability Company:
X	Signature of Authorized Representative: White Printed Name: William Grayson Title: President CEO
	Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
X	Signature: Why The Printed Name: WI VI AW Grayson Title: President CEO
	Signature: Title:
	Signature: Printed Name: Title:
	Signature: Printed Name: Title:
	Signature: Title:
	Signature: Title:
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
	If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
	If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
	All others: Signature of an authorized person.
	Fees:
	Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Angels SIDE By (Must end with the words "Limited Liability	SIDE L.L.C. Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin		d Liability Company is:
Principal Office Address:	Mailing Address:	
3681 N·W. 335t. Lauderdale Lakes Fl. 33309	SAME	<del></del> -
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 registration.	ed Agent. You must designate an in	ent's Signature: ndividual or another
	_	7.5 Z0
Name	MYSON	15 SS -10
WILLIAM GR Name 3681 N. W Florida street address (P.O.	· 33 SF .	FILE 127 2015 SEP 29 PM 1: 27 SECRETARY OF SIATE ALLAHASSEE FLORID
Florida street address (P.O.	Box NOT acceptable)	
Lauderdale Lake		
City	Zip	27
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signa	his certificate, I hereby acc y. I further agree to compl erformance of my duties, an	cept the appointment as y with the provisions of all ad I am familiar with and

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized N	Name and Address:  lember	
"MGR" = Manager A A B R	CED WILLIAM GRAYSON	<del></del>
	C.E.D WILLIAM GRAYSON 3681 N.W. 3354 LONDERDER LAKES	: =lorip
		_ 3
		<del>-</del> -
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(Use attachment if necess LE V: Effective date, if offective date, it is the content of the cont	ther than the date of filing: (OPTI	ONAL)
CLE V: Effective date, if of the control of the con	ther than the date of filing: (OPTI date must be specific and cannot be more than five busing.) oes not meet the applicable statutory filing requirements, this date will rement of State's records.	iess day
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CLE V: Effective date, if of fective date is listed, the days after the date of fill the date inserted in this block of seffective date on the Depart CLE VI: Other provisions,  REQUIRED SIGNATU  Signature of This document is I am aware that a constitutes a third	ther than the date of filing: (OPTI date must be specific and cannot be more than five busing.) oes not meet the applicable statutory filing requirements, this date will rement of State's records.  If any.  RE:  f a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes.	ness day

Page 2 of 2

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

**ARTICLE IV-**