# L15000202915

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

### **COVER LETTER**

Division of Corporations
SUBJECT: Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Richard L. Grim (Contact Person)
R.L. Grim: LLC
2605 Valencia GROVE DR.  (Address)
ValRico FL. 33596
(City, State and Zip Code)  Rigrim trans port wyahoo, con E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (609) 50/-0/20 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\Bigcup \text{\$\subseteq} \te
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
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INHS11 (06/15)

Tallahassee, FL 32301

APPKOVEL

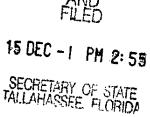
## **Articles of Conversion**

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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; <u>AND</u> 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.

Page 1 of 2

		APPROVEL
Signed this 25 day of November	20_/5	和的
Signature of Authorized Representative of Limit	od Liability Company:	15 DEC -1 PM 2:55
Signature of Authorized Representative:  Printed Name: Pickar DeGRIPM	Title: Owner	SECRETARY OF STATE TALLAHASSEE FLORIDA
Signature(s) on behalf of Other Business Entity:	See below for required signature	(s)]
Signature: The hund &	<u>~-`</u>	
Printed Name: Richard L. Grim	Title: Owner	<del></del>
Signature: Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	_ Title:	
Signature:		
Printed Name:	_ Title:	
Signature:		
Printed Name:	_ Title:	
Signature:		<del></del>
Printed Name:	Title:	······································
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Collif Directors or Officers have not been selected, an Incompared to the Collins of Colli		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	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:
(Must end with the words "Limited 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:  2605 Vulencia Grove Da.  Valanco FL, 33596  Valanco, FL 33596
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:    Richaro L. Grim     Name     2605 Vulencia Grove Dr. Valrico FL, 335     Florida street address (P.O. Box NOT acceptable)     Valrico FL 33596     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, have registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Company:	
Title:  "AMBR" = Authorized Member  "MGR" = Manager  AMBA	Name and Address:  Richard L. Grin P.O. Box 843 Valrico FL 33595
· · · · · · · · · · · · · · · · · · ·	
	SECRETALIA HASSI
(Use attachment if necessary)	PM 2:50
If an effective date is listed, the date must be o or 90 days after the date of filing.)	ate of filing: (OPTIONAL)  e specific and cannot be more than five business days prior  applicable statutory filing requirements, this date will not be listed as the ecords.
ARTICLE VI: Other provisions, if any.	······································
REQUIRED SIGNATURE:	)
This document is executed in acco	or an authorized representative of a member.  ordance with section 605.0203 (1) (b), Florida Statutes.  on submitted in a document to the Department of State provided for in s.817.155, F.S.
••	d or printed name of signee  Filing Fees Organization and Designation of Registered Agent

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-