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(Re	questor's Name)	
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SECRETAN / OF SURVE FALLAHASSEF FLORIDA

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:
ASI materials, Inc. 106,# p15000055476.
(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 Florida
on 6 30 30 5 (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:
ASI Materials, 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.)
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

FILEU

SECRETARY ET JORIDA

Signed this <u>Say</u> day of <u>September</u>	20 20 15.			
Signature of Authorized Representative of Limit	ted Liability Company:	_		
Signature of Authorized Representative: Repres	wrence Joseph Title: Manager	7		
Signature(s) on behalf of Other Business Entity:				
Signature: 2 awrence Carrish	Title: Allthorized member	or.		
Signature: Rocco A. Migliazzo				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:				
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.	y Limited Partnership:			
All others: Signature of an authorized person.	·	SECRE	14 DEC	
Fees:		HASSI MASSI		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	EE FLORIDA	PH 4: 33	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASI Materials LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26837 Lost Woods Circle Bonita Springs, FC 34135	26837 Lost Woods Circle Bonita Springs, FC 34135
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
<u>Lawrence Go</u> Nam	1 111 🕶
A6837 (08+ W) Florida street address (P.C	oods Circle
Bonita Springs City	FL 34135 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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

MGR Contained Springs Fill Words Circle Proute Springs Fill Words Fill Wor	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
CLE VI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATU		Lauxence Gowdish
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: OPTIONAL Global Signature Signature of a member or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjury that the facts stated herein are true. am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)		0 0 0 0
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· ARTICLE IV-

\$125.00 Filing Fee for Arucies of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
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