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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section
Division of Corporations
Λ \sim
SUBJECT: HMENCON Jury and the Centure Cle.
(Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The surfaced Asticles of Conversion Asticles of Conversion and for our submitted to convert on "Other
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:
Torrent lamerian
(Contact Person)
(Contact Person)
American tier and Auto Conter
(Firm/Company)
11/1 West Suncice blue
(Address)
Plantation to 33322
(City, State and Zip Code)
(City, State and Zip Code)
€T \$5 K32(2) Yahan: Comm
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Yersenik Tamerian at (954) 368 5797
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Letson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
Enclosed is a check for the following adjount.
\$150.00 Filing Fees \$\square\$\$155.00 Filing Fees \square\$\$\$180.00 Filing Fees,
(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and
& \$125 for Articles Status Certificate of Status
of Organization)
CORDERON ADDRESS AND ADDRESS A
STREET ADDRESS: MAILING 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

16 MAR - 1 PM 12: 26

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: American Tire and Auto Centre.
(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 $\frac{1-1-2016}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: American Tormon Auto Contr UC. (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.

Signed this 300 day of 29	20 <u>/6</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Yorgani k laminin	Title. 757715 R
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: 2 Printed Name: Jergen K Tamerian	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
0'	ı
Signature:Printed Name:	Title:
Signature:	mid
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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:

(Must one with the words Dillinea Diablin,	y company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
T777 west Sunrise blul	7777 West Suprise blue
Plantation, FL. 33322	Plantation, FC 33322
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 re	egistered agent are:
Yergenik Jam Name	Crian A A
7777 West Sum Florida street address (P.O.	
Plantation	FL 33322 PM 26
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (REQUIRED)
//	

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jergenik Jamerian
	7771 west sunder black
	plantation to 55322
AMBR	Hitting KNOK
	7777 Just Sunrise blue
	Plantation PC 33322
*	
LE V: Effective date, if other than	the date of filing: (OPTIONAL set be specific and cannot be more than five business dates
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me	est be specific and cannot be more than five business da eet the applicable statutory filing requirements, this date will not be lie
ffective date is listed, the date mu days after the date of filing.)	est be specific and cannot be more than five business da eet the applicable statutory filing requirements, this date will not be lie
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) the date inserted in this block does not me?'s effective date on the Department of States.	est be specific and cannot be more than five business da eet the applicable statutory filing requirements, this date will not be lie
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) he date inserted in this block does not me's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be line's records.
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LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) he date inserted in this block does not me's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false info	ber or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ber or submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) he date inserted in this block does not me's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false inforconstitutes a third dagree felo	tet the applicable statutory filing requirements, this date will not be limite's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Dormation submitted in a document to the Department of State bony as provided for in s.817.155, F.S.
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) he date inserted in this block does not me's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false inforconstitutes a third dagree felo	tet the applicable statutory filing requirements, this date will not be limite's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Dormation submitted in a document to the Department of State bony as provided for in s.817.155, F.S.
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Page 2 of 2

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

ARTICLE IV-

Company: