# L160000 6/9/2

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/#

### **COVER LETTER**

TO:	Registration S Division of C				
CHIPY	EL (D/TEL)	IEST MICRO, LLC			
SUBJ	ECT:		of Resulting Florida Lii	mited	Company)
					l fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
NICKO	DLAS J. SPRADL	.N ESQ.			
		(Contact Person)			
THE L	AW OFFICES OF	F NICK SPRADLIN, PLL	С		
	_100/100	(Firm/Company)			
2202 N	. WEST SHORE	BLVD. #200			
		(Address)			
TAMP.	A, FL 33607				
	((	City, State and Zip Code)	<del></del>		
Furthes	tMicro@yahoo.co	om			
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fu	ther information	on concerning this ma	tter, please call:		
NICKO	LAS J. SPRADL	IN ESQ.	_at ( <u>813</u> ) 43	35.31	76
	(Name of Conta	ct Person)	(Area Code) (	Dayti	ime Telephone Number)
Enclos	ed is a check for	or the following amou	nt:		
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fee and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRESS	S:	MAILING	G AI	DDRESS:
_	ration Section		Registration		
	on of Corporati	ions			orporations
CHITTOT	Building		P. O. Box	032	1

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## <u>Articles of Conversion</u>

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

FILED
16 HAR 25 PH 5: 13
SECRETARY OF STATE
FALLAHASSEE FLORIDA

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.

FURTHEST MICRO, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
(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:
FURTHEST MICRO, 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.

Page 1 of 2

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

Signed this 17th day of MARCH	20_16	
Signature of Authorized Representative of Lin	nited Liability Company:	FILED
Signature of Authorized Representative of Lin Signature of Authorized Representative: Printed Name: NICKOLAS J. SPRADLIN	Title: AUTHORIZED REP. SECOND	25 PM 5: 13
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	ARY OF STATE
Signature: Printed Name: NICKOLAS J. SPRADLIN	Title: AUTHORIZED PERSON	-
Signature: Printed Name:		_
Printed Name:	Title:	-
Signature: Printed Name:	Title:	- -
Signature:Printed Name:	Title:	<del>.</del> _
Signature:Printed Name:		_
		<b>-</b>
Signature:Printed Name:	Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:	
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		,
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

The name of the Limited Liability C	ompany is:
FURTHEST MICRO, LLC	
(Must end with the words	Limited Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

NW 166st
cka FL 33054

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:

**ARTICLE I - Name:** 

THE LAW OFFICES OF NICK	SPRADLIN, PLLC	TAL 38	ह	
Name	2	CRE	HAR	77
2202 N. WEST SHORE BLVD.	#200	ASS	25	=
Florida street address (P.O	. Box <u>NOT</u> acceptable)	50 E	<b>P</b>	ED
TAMPA	FL 33607	E G	ည်း	-
City	Zip	age a	$\overline{\omega}$	

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

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability
Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kelvin H. Harvey
	1761 NW 166st
	Opalocka FL 33054
	- <del> </del>
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<u> </u>	<u> </u>
	ALS <b>5</b>
	五 五 五
(Use attachment if necessary)	
(Ose attachment if necessary)	EFF P
ICLE V. CCC. office data (Costlematical street)	date of filing:
ICLE V: Effective date, if other than the	
	be specific and cannot be more than five business days pr
90 days after the date of filing.)	
If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be listed as
nent's effective date on the Department of State's	s records.
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member. This occurrent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NICKOLAS J. SPRADLIN AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee

## **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) Page 2 of 2