66000071450

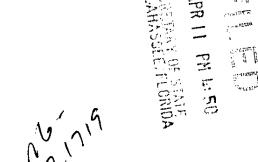
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700283257967

03/16/16--01017--021 **185.00



on orbital and on the same of the same of

COVER LETTER

	egistration Solvision of Co		ons						
SUBJEC	CT:	10	TIMERS	CAR	SALES	5 4.4	L.C		
					g Florida Lii				
					_			ited to convert and 605.1045, F.S.	"Other
Please re	turn all corre	sponder	nce concerning	g this ma	tter to:				
		`	TAYLOR et Person)						
OC.	O TIMER	25 <i>(A</i> Firm/C	R SACE: Company)	5 6,4	L.C.				
	202 1	V, 3	dress)		· · · · · · · · · · · · · · · · · · ·				
_		•	and Zip Code)						
<u>Memail</u>	OCYNAK Address: (to be	e used for	3 O YA NO future annual rej	00, CON	ations)				
For further	er informatio	n conce	rning this mat	tter, pleas	se call:				
JAM	MES R , Name of Contac	TAY(OR	at (<u>ح</u> Ar	(52) ca Code) (567 Daytime T	<i>– 382</i> Telephone Nur	mber)	
Enclosed	is a check fo	or the fol	llowing amou	nt:			5		
\$150.00 (\$25 for Co & \$125 for of Organiza	Articles		00 Filing Fees ificate of		00 Filing Fee ified Copy	Cert	185.00 Filing ified Copy, an ificate of State	ıd /	
Registrati Division Clifton B 2661 Exe	r ADDRESS ion Section of Corporation uilding ecutive Center ee, FL 3230	ons er Circle			MAILING Registration Division of P. O. Box Tallahasse	on Section of Corpor 6327	on rations		

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:
OLD TIMERS CAR SACES, Inc. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a DBA YUVON F. TAYCOR CORP 2014 (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 019/09/1983 2014. (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:
OCO TIMERS CAR SACES L.L.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.

Signed this 12th day of March 2016.		
Signature of Authorized Representative of Limited Liability Company:		
Signature of Authorized Representative: James 8. Jaylor Printed Name: JAMES RITAYIOR Title: HMBR	_	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]		
Signature: 4. Jacob Title: MANAGER Printed Name: VUVON F. Trycon Title: MANAGER	<u>-</u>	
Signature: <u>Beverly</u> Jaylor Title: <u>AMBR</u>		
Signature: Title:	- -	
Signature: Title:		
Signature: Title:	16 APR	The same
Signature: Title:	T PA	المشترة ع اعلامه ال
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	PH 4: 50 OF STATE ELFLORIDA	icaig icai
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:		

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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:	<u>Mailing Address</u> :			
19202 N. 301 HWY DADE CITY, FL 33523	19202 N. 301 HWY			
DADE CITY, FL 33523	DADE CITY, FL 33523			

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:	HVI.	16	
19202 N. 301 HWY	APR 1	ENTER PER # 1 F 3	
Florida street address (P.O. Box NOT acceptable)	67 5 113-6	*****	i seruest
DANE Coty Fl 33523	The state of the s	7	
City State Zip		- TU	C THEIR

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.

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	YUVON FERN TAYLOR
AMBR	DADE CITY FI 33523 JAMES R TAYLOR 19202 N. 301 HWY
AMBR	DADE CITY FL 335 BEVERLY J. TAYLOR 22441 Bedford Rd N
Alabe	Battle Creek MI 49017
(Use attachment if necessary)	—— آمنۂ ⊶
(If an effective date is listed, the date must be spetthe date of filing.) Note: If the date inserted in this block does not m	of filing: (OPTIONATE)
the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	of State's records.
<u>required</u> signature: Asm	es B. Furlos
Signature of a me This document is execut I am aware that any false	imber or an authorized representative of a member. ded in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Jam	ES R. TayLOR 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)