L16000137594

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
<u>.</u>		
-		

Office Use Only



200287933372

07/15/16--01018--027 **185.00

To be seen that the seen that

EFFECTIVE DATE 08/01/16

2 07/25/16

COVER LETTER

INHS11 (06/15)

Tallahassee, FL 32301

74

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:
(m11-003421) (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 MINNES OTA
on Manch 14 2005 (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:
METRO AUTO OF OPLIANDOLLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 8-1-16.
(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.

Page 1 of 2

Signed this day of	_ 20_ 16_	<u>-</u>
Signature of Authorized Representative of Lim	ited Liabili	ty Company:
Signature of Authorized Representative: Printed Name: 79M BUSCH		MANAGER
Signature(s) on behalf of Other Business Entity:	See below	for required signature(s)]
Signature:	13>	
Printed Name: TIM BUSCH	Title:	MANAGER
Signature:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In	corporator n	nust sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partners	hip:
Signature of one General Partner.	•	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited	<u>Partnership:</u>
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 (C \$5.00 (Op	

Page 2 of 2

S 28 2: 35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ME	TRO AVID OF		100 LL	<u> </u>
ARTICLE II - Ad	st end with the words "Limited Liab dress: s and street address of the p			
Principal Office A	ddress:	Mailing	Address:	
406 WES	ST STORY RD FL 34761	400	. West st	THY RD
(The Limited Liability Co	egistered Agent, Registere impany cannot serve as its own Regi ctive Florida registration.)			
The name and the F	Florida street address of the	~	•	
	Nan	ne		
	3930 DERBY	GUEN	BRWE	
	Florida street address (P.0	O. Box <u>NO</u>	$\underline{\mathbf{T}}$ acceptable)	
	CLERMINT	FL	34761 Zip	
	City		Zip	
liability compo registered agent o statutes relating	any at the place designated in this capa	in this certificity. I further performant egistered ag	ficate, I hereby her agree to con ce of my duties, hent as provided	nply with the provisions of all , and I am familiar with and

(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:	
AMBR	TIMOTHY BUSIN 3930 DERBY GUON DILIVE	
AMBR	MARNANN BULLI 3730 DERBY GUEN DRIVE	
	CLERMINT PC 34711	
		
(Use attachment if necessary)	COPTION	.1 A T
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) he date inserted in this block does no	nan the date of filing:	s da
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five busines timeet the applicable statutory filing requirements, this date will not f State's records.	s da
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) he date inserted in this block does not seffective date on the Department of	must be specific and cannot be more than five busines timeet the applicable statutory filing requirements, this date will not f State's records.	s da
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LE V: Effective date, if other the frective date is listed, the date days after the date of filing.) The date inserted in this block does not seffective date on the Department of the Departme	ember or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State	s da

ARTICLE IV-