16000/43 335

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only

AUG 0 4 2016 T. SCOTT



700287928217

07/26/16--01025--013 **150.00



Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

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.

ALL-RIGHT VENTURES, INC	tity" immediately prior to the filing of the Articles of Conversion is: $\frac{1}{2}$
(Enter Na	me of Other Business Entity)
2. The "Other Business Entity" is a	RPORATION
	er entity type. Example: corporation, limited partnership, eneral partnership, common law or business trust, etc.)
First organized, formed or incorporated	under the laws of FLORIDA
MAY 4, 2012	(Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or incorpor	ation)
3. The name of the Florida Limited Lial	bility Company as set forth in the attached Articles of Organization:
ALL-RIGHT VENTURES LLC	•
(Enter Name of Flo	orida Limited Liability Company)
4. If not effective on the date of filing,	enter the effective date:
(The effective date: 1) cannot be prior date this document is filed by the Flor date listed in the attached Articles of (r to date of receipt or filed date nor more than 90 days after the ida Department of State; AND 2) must be the same as the effective Organization, if an effective date is listed therein.) meet the applicable statutory filing requirements, this date will not be listed as the
6 Th 6	and in a condense of with all and inchine detection

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

Page 1 of 2

TO THE ST THE ST TO ST

Signed	this	day of MAY		20_16	
Signature of Authorized Representative of Limited Liability Company:					
Signati Printed	re of Authorize Name: <u>OWEN N</u>	ed Representative:	Ou	Title=MGR	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature					
Printed	Name OWEN	ELEGGON		Title: PRESIDENT/CHAIRMAN	
111100				1100	
Signatu	re:		 		
Printed	Name:	······································		Title:	
Sionatr	ine:				
Printed	Name:			Title:	
Signatu	re:				
				Title:	
Signatu	ire:			Title:	
Printed	Name:			Title:	
Signan	ire:		· · · · · · · · · · · · · · · · · · ·	Title:	
Printed	Name:			TIME:	
Signatu		<u>n:</u> , Vice Chairman, Dire have not been selecte			
	ida General Pa ire of one Gener	rtnership or Limited al Partner.	Liabilit	ty Partnership:	
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All oth Signate	ers: are of an authori	zed person.			
Fees:					
	Articles of Cor Fees for Florid Certified Copy Certificate of S	la Articles of Organiz	ation:	\$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:	
ALL-RIGHT VENTURES LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "I.L.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7037 Blair Drive	1 Dove Tree Count
Orlando, FL. 32818	Indian Head, Maryland 20640
The name and the Florida street address of the re-	
. Name	•
7037 Blair Dr.	
Florida street address (P.O.	Box NOT acceptable)
Orlando	FL 32818
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	a accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and elistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

TO JUL 26 AM ID: OG

٠	ARTICLE IV- The name and address of each person a Company:	authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager		Name and Address:
	MGR	Owen McLeggon
		7037 Blair Dr.
		Orlando, FL. 32818
	The state of the s	
		
	(Man attackment is managed)	
A TO OFFICE	(Use attachment if necessary)	Las a Collins (Opposition)
(If an to or 9	0 days after the date of filing.)	e specific and cannot be more than five business days prior e applicable statutory filing requirements, this date will not be listed as the
	CLE VI: Other provisions, if any. ND ALL LAWFUL BUSINESS	
	This document is executed in acco	or an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any false informat constitutes a third degree felony as	ion submitted in a document to the Department of State s provided for in s.817.155, F.S.

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

Typed or printed name of signee

OWEN MCLEGGON