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| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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6 AUG -3 PM 2: 32 ECRETARY SE SIAIS

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COVER LETTER

| TO: Registration S Division of C | | | | |
|--|--|-----------------------------------|-------------------------------------|---|
| - | TRUCK REPAIR, INC. | | | |
| SUBJECT: | | of Resulting Flor | ida Limite | ed Company) |
| The enclosed Article Business Entity" into | s of Conversion, Artic | les of Organiz | ation, an | nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to | o: | |
| Douglas A. Peebles, Esq | | | | |
| | (Contact Person) | | | |
| Pecbles Law Firm, P.A. | | | | |
| | (Firm/Company) | | | |
| 1201 6th Ave. W., Suite | 505 | | _ | |
| | (Address) | | | |
| Bradenton, FL 34205 | | | | |
| • | City, State and Zip Code) | | | |
| DAP@dpeebles.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications | 5) | |
| For further informati | on concerning this ma | tter, please cal | 1: | |
| Douglas A. Peebles, Esq | | at (941 | 742-6 | 6611 |
| (Name of Conta | ct Person) | (Area Co | de) (Day | 6611 vtime Telephone Number) |
| Enclosed is a check f | or the following amou | ınt: | | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | □\$180.00 Fili and Certified C | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323 | ions er Circle | Regi Divi P. O | stration : sion of C . Box 63 | Corporations |

INHS11 (06/15)

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

FILED

16 AUG -3 PM 2: 32

SECRETARY DE STATE
TALLAHASSEE 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.

| 1. The name of the "Other Bus ON-SITE TRUCK REPAIR, INC. | iness Entity" immediately prior to the filing of the Articles of Conversion is: P08-60690 |
|---|---|
| · | (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" | is a CORPORATION . |
| · | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incor | rporated under the laws of FLORIDA |
| 6/2 3 /0 4 on | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation o | r incorporation) |
| 3. The name of the Florida Lim ON-SITE TRUCK REPAIR, LLC | nited Liability Company as set forth in the attached Articles of Organization: |
| (Enter N | ame of Florida Limited Liability Company) |
| (The effective date: 1) cannot date this document is filed by date listed in the attached Art | f filing, enter the effective date: be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective icles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records. |
| 5. The plan of conversion has h | een annroved in accordance with all annlicable statutes |

Page 1 of 2

| , , | | |
|---|--|---|
| Signed this 12th day of July | _ _{20_} ((, | FILED |
| Signature of Authorized Representative of Limi | ted Liability Company: | 16 AUG -3 PM 2: 32 |
| Signature of Authorized Representative: Printed Name: Ernest Johnson | Title: AMBR | SECRETARY GO STATE TALLAHASSEE FLOPIDA |
| Signature(s) on behalf of Other Business Entity: | | |
| Signature: FRUE DI H. Johnson | _Title: MEMb | |
| Signature: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 ALL 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

| | المرابس |
|--|---|
| ARTICLE I - Name: | 16 AUG -3 PH 2: 32 |
| The name of the Limited Liability Company is | : 37 |
| | SECRETARY OF SIMIL TALLAHASSEE FLORIDA |
| ON-SITE TRUCK REPAIR, LLC | |
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| | |
| 1424 26th Ave. E. | 1424 26th Ave. E. |
| Bradenton, FL 34208 | Bradenton, FL 34208 |
| | |
| ARTICLE III - Registered Agent, Registered. The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another |
| Pecbles Law Firm, P.A. | |
| Nam | ie e |
| 1201 (1) 1 1 2 1 202 | |
| 1201 6th Ave. W., Suite 505 |) Day NOT accountable) |
| Florida street address (P.C |). Box <u>NOT</u> acceptable) |
| Bradenton | FL 34205 |
| City | Zip |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S |
| (CONTIN | NUED) |

Page 1 of 2

| Company: | | 16 AUG -3 PM 2: |
|---|--|--|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | SECRETARY OF STA TALLAHASSEE FLOR |
| "MGR" = Muthorized Member | | TALLAHASSEE FLOOR |
| AMBR | Ernest Johnson | |
| | 1424 26th Ave. E. | |
| | Bradenton, FL 34208 | |
| | | |
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| (Use attachment if necessary) CLE V: Effective date, if other than the | e date of filing: | (OPTIONAL) |
| (Use attachment if necessary) ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State' ICLE VI: Other provisions, if any. | be specific and cannot be mo the applicable statutory filing require | re than five business days |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State' | be specific and cannot be mo the applicable statutory filing require | re than five business days |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State' ICLE VI: Other provisions, if any. | be specific and cannot be mo the applicable statutory filing require | re than five business days |
| ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State' ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in and I am aware that any fatse informs. | be specific and cannot be mo the applicable statutory filing require | ative of a member. (b), Florida Statutes. |
| CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State' CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in and I am aware that any false informations titutes a third degree felony | the applicable statutory filing requires a records. r or an authorized representation coordance with section 605.0203 (1) nation submitted in a document to the | ative of a member. (b), Florida Statutes. |

\$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