i Ulocolo Ba

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Sola	x LLC	Segia
	Office Use On	ly W



600287933666

07/15/16--01027--013 **175.00

09/09/16--01018--007 **\$75.00

16 SEP -9 FH 2: 44
SEP -9 FH 2: 44

SEP 09 2016



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 25, 2016

CANDICE LUCAS 214 BRAZILIAN AVE STE 200 PALM BEACH, FL 33480

SUBJECT: GOOD WAY OIL 902 CORPORATION

Ref. Number: P99000111567

We have received your document for GOOD WAY OIL 902 CORPORATION and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation cannot file articles of amendment to convert to an LLC. If it is your intent to convert a corporation to an LLC, a conversion should be filed. Please find enclosed the correct forms to convert a Fla. corporation into a Fla. LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 116A00015487

COVER LETTER

TO: Registration Division of C			
SUBJECT:	GOOD WAY OIL	902 - CORPORATION	N
SCHOLET.	(Name	of Resulting Florida Limited	1 Company)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	respondence concerning	g this matter to:	
Candice	e Lucas		
	(Contact Person)		
Leslie R.	Evans & Associ (Firm/Company)	ates, P.A.	·
214 Brazil	lian Ave., Suit (Address)	e 200	
	City, State and Zip Code)		
E-mail Address: (to	REvanspa.com be used for future annual re	port notifications)	
For further informat	ion concerning this ma	tter, please call:	
Candice Lu	ıcas	at (561) 832	2-8288
(Name of Cont	act Person)		time Telephone Number)
Enclosed is a check	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ntions nter Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, 1	Section Corporations 27

FILED

Articles of Conversion For "Other Business Entity" Into

16 SEP -9 PM 2:44 SECRETALY FOLIATE TALLAHASSIF FILESIA

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: GOOD WAY OIL 902
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is aCORPORATION
(Enter entity type. Example: corporation, limited partnership. general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofFlorida
on 12391999 (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:
GOOD WAY OIL 902, 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.
5. The plan of conversion has been approved in accordance with all applicable statutes

Page 1 of 2

Signed this 23rd day of August	20
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Fh Buzaglo	Grille: <u>President</u>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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

ARTICLE I - Name:

ARTICLE I - Name: The name of the Limited Liability Company is:	16 SEP -9 PM 2: 44
	SEGRETATY OF STATE TALL ARABITED TUGHTO,
GOOD WAY OIL 902, LLC (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Blo 3. Dixie Hwy Lantana AL 33442	BOCA BATON FL 33433
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Leslie R. Evans &	Associates, P.A.
Name	
214 Brazilian Ave Florida street address (P.O.	
i fortua street address (1.0.	NOT acceptancy
<u>Palm Beach</u> City	<u>FL 33480</u> Zip
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
<u>President</u>	Eli Buzagio	
•	32272 Alyssum	Way 23/BO
	BOOK ACTION FL	. 25435
		<u></u>
(Use attachment if necessary)		
90 days after the date of filing.)	nust be specific and cannot be more t meet the applicable statutory filing requiremen State's records.	
·		
·	/-	
ICLE VI: Other provisions, if any.	7. 7. 7. Cs.	
REQUIRED SIGNATURE: Signature of a me This document is executed I am aware that any false is constitutes a third degree f	mber or an authorized representative in accordance with section 605.0203 (1) (b), Information submitted in a document to the Depter of the provided for in s.817.155, F.S.	Florida Statutes.
REQUIRED SIGNATURE: Signature of a me This document is executed I am aware that any false is constitutes a third degree f	I in accordance with section 605.0203 (1) (b), Information submitted in a document to the Deptelony as provided for in s.817.155, F.S.	Florida Statutes.
REQUIRED SIGNATURE: Signature of a me This document is executed I am aware that any false is constitutes a third degree f	I in accordance with section 605.0203 (1) (b), Information submitted in a document to the Deptelony as provided for in s.817.155, F.S.	Florida Statutes.
REQUIRED SIGNATURE: Signature of a me This document is executed I am aware that any false is constitutes a third degree f	In accordance with section 605.0203 (1) (b), Information submitted in a document to the Depterory as provided for in s.817.155, F.S. Typed of printed name of signee Filing Fees	Florida Statutes. partment of State
REQUIRED SIGNATURE: Signature of a me This document is executed I am aware that any false is constitutes a third degree f	In accordance with section 605.0203 (1) (b), Information submitted in a document to the Depelony as provided for in s.817.155, F.S. Durado Typed of printed name of signee <u>Filing Fees</u> les of Organization and Designation	Florida Statutes. Florida Stat

Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-