# UBDOILBUST

(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:
Mohal Le Suffice Use Only



500287933675

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

09/09/16--01018--007 \*\*575.00

SEP 12 2016
R. WHITE





July 25, 2016

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

SUBJECT: GOOD WAY OIL 15TH CORPORATION

Ref. Number: P15000011664

We have received your document for GOOD WAY OIL 15TH 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 an amendment to convert into an LLC. If it is your intent to convert from a corporation to an LLC, articles of conversion should be filed. Please find enclosed, the correct form for filing a conversion to an 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: 916A00015485

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DEFAULT BY OF STATE STATE STATE STATE STATE

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GOOD WAY C	OIL 15th CORPORATION
(Name	e of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
Candice Lucas	
(Contact Person)	
Leslie R. Evans & Assoc (Firm/Company)	iates, P.A.
214 Brazilian Ave., Sui (Address)	te 200
Palm Beach, FL 33470 (City, State and Zip Code)	
Cgordon@LREvanspa.com E-mail Address: (to be used for future annual r	eport notifications)
For further information concerning this ma	atter, please call:
Candice Lucas	at ( 561 ) 832-8288
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$\frac{1}{2}\$\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\frac{1}{2}\$\$\$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 ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL, 32314

INHS11 (06/15)

Tallahassee, FL 32301

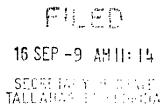
### **Articles of Conversion**

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(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 incorporated under the laws ofFlorida
on 2142015 (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 15th, LLC (Enter Name of Florida Limited Liability Company)
(Enter Paine of Florida Emitted Elaonity 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 3rd day of August	20 <b>1</b> (0
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Eh Buzagio	Title: <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:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
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 <u>ALL</u> 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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office	Address:	Mailing Address:	
2227B Boca Rato	Alyssum wa or 233433	Same	
(The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Renactive Florida registration.)	red Office, & Registered Agent's egistered Agent. You must designate an individue registered agent are:	Signature: dual or another
	Leslie R. Evans	& Associates, P.A.	<u> </u>
	Na	ime	
	214 Brazilian Av	ve., Ste. 200	-4
	Florida street address (P	P.O. Box NOT acceptable)	
	Palm Beach	FL 33480	
	City	Zip	
liability con registered agen	ppany at the place designated at and agree to act in this cap ng to the proper and comple	d to accept service of process for the d in this certificate, I hereby accept to pacity. I further agree to comply wit te performance of my duties, and I a	the appointment as th the provisions of al

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Eli Buzagio
	bora Baton FL 33433
<del></del>	
(Use attachment if necessary)	
o or 90 days after the date of filing.)	est be specific and cannot be more than five business days prior et the applicable statutory filing requirements, this date will not be listed as the ate's records.
REQUIRED SIGNATURE:	
This document is executed in I am aware that any false info	ber or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. permation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
Elif	Typed or printed name of signee
	Filing Fees s of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	onal) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-