# UL000183490

(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:	
·		

Office Use Only



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18 OCT -3 AK IO: 92 概据记记法 是是记记

#### **COVER LETTER**

Division of Corporation:	s				
SUBJECT: AMERICAN BOBCA	T INTERNATION	IAL, LLC			
		sulting Florida I	Limited	d Company)	
The enclosed Articles of Conve Business Entity" into a "Florida					
Please return all correspondence	e concerning thi	s matter to:			
DAVID SPIEGEL					
(Contact I	Person)				
SPIEGEL & ASSOCIATES, INC.					
(Firm/Cor	npany)				
304 INDIAN TRACE, 502					
(Addre	ess)				
WESTON, FL 33326					
(City, State an	d Zip Code)	F			
spiegelandassoc@aol.com					
E-mail Address: (to be used for fut	ture annual report r	notifications)			
For further information concern	ing this matter,	please call:			·
DAVID SPIEGEL	at	( <sup>954</sup> )	385-0	927	
(Name of Contact Person)		(Area Code)	(Dayı	927 time Telephone Number)	
Enclosed is a check for the follo	wing amount:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		\$180.00 Filing F I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registra Division P. O. Bo	tion S of Co ox 632	orporations	

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2016

DAVID SPIEGEL 304 INDIAN TRACE 502 WESTON, FL 33326

SUBJECT: AMERICAN BOBCAT INTERNATIONAL, LLC

Ref. Number: W16000052297

16 00T -3 PH 2:52

We have received your document for AMERICAN BOBCAT INTERNATIONAL, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 516A00015780

## 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 AMERICAN BOBCAT INTERNATIONAL, INC.			
(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 of FLORIDA		····	
MAY 10, 2012 (Enter state, or if a non-U.S. entity, the n	ame of the co	ountry	)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	les of Orga	aniza	tion:
AMERICAN BOBCAT INTERNATIONAL, 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 date this document is filed by the Florida Department of State; AND 2) must be the state listed in the attached Articles of Organization, if an effective date is listed thereis Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date is document's effective date on the Department of State's records.	same as th in.)	e effe	ective
5. The plan of conversion has been approved in accordance with all applicable statutes.		1.30 g	<b>"</b> F
Page 1 of 2		-3 AHIE	And the second s

Signed this 1	1th day of JULY	20_16	
Signature of	Authorized Representative	e of Limited Liability Company:	
Signature of	Authorized Representative:	Title: MEMBER	
		Entity: [See below for required signat	
Signature: Printed Name	CHARLES LEWIS	Title: PRESIDENT	
		Title:	
Signature:		Title:	
Signature: Printed Name	e:	Title:	
Signature: Printed Name	e:	Title:	
Signature:		Title:	
If Directors of	Chairman, Vice Chairman, Di	cted, an Incorporator must sign.	
Signature of If Florida Li	one General Partner.	ed Liability Limited Partnership:	
All others: Signature of	an authorized person.		
Fees:			
Fees Certi	eles of Conversion: for Florida Articles of Orgar fied Copy: ificate of Status:	\$25.00 nization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	A T I N T D N A T I O N A I A I O		
	CAT INTERNATIONAL, LLC Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	<del></del>
ζ.	Tubi ena marate moras isimila is	lability company, Education of Education	
ARTICLE II - A The mailing addr		e principal office of the Limited Liab	ility Company is:
Principal Office	Address:	Mailing Address:	
5201 SW 76th AVE	NUE	5201 SW 76th AVENUE	
DAVIE, FL 33328		DAVIE, FL 33328	<del></del>
	<del> </del>		
The name and the	a Elanida atropt address of t		
	COREY LEWIS	he registered agent are:ame	
	COREY LEWIS N		
	COREY LEWIS N 4232 SW 78th DRIVE		
	COREY LEWIS N 4232 SW 78th DRIVE	P.O. Box NOT acceptable) FL 33328	
	COREY LEWIS  N  4232 SW 78th DRIVE  Florida street address (	P.O. Box NOT acceptable)	

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
AMBR" = Authorized Member	
"MGR" = Manager	
MGR	CHARLES LEWIS
	5201 SW 76th AVENUE
	DAVIE, FL 33328
AMBR	COREY LEWIS
AWDK	4232 SW 78 DRIVE
	DAVIE, FL 33328
	D1110, ( B 3320
	***************************************
LE V: Effective date, if other than	the date of filing: (OPTION ust be specific and cannot be more than five business
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me is effective date on the Department of States	est be specific and cannot be more than five business bet the applicable statutory filing requirements, this date will not be
ffective date is listed, the date mu days after the date of filing.)	tet the applicable statutory filing requirements, this date will not be atte's records.
CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me t's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	tet the applicable statutory filing requirements, this date will not be atteen the applicable statutory filing requirements.
CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.) the date inserted in this block does not met's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  This document is executed in I am aware that any false info	tet the applicable statutory filing requirements, this date will not be atte's records.
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me its effective date on the Department of State LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed in a may aware that any false info	ber or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes.  bornation submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me is effective date on the Department of State LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed in I am aware that any false inforcement in the constitutes a third degree felocement.	ber or an authorized representative of a member.  n accordance with section 605.0203 (1) (b), Florida Statutes.  bornation submitted in a document to the Department of State

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

 $\label{eq:article.iv-to-manage} \textbf{ARTICLE.IV-to-manage} \ \ \textbf{and} \ \ \textbf{address} \ \ \textbf{of} \ \ \textbf{each} \ \ \textbf{person} \ \ \textbf{authorized} \ \ \textbf{to} \ \ \textbf{manage} \ \ \textbf{and} \ \ \textbf{control} \ \ \textbf{the} \ \ \textbf{Limited} \ \ \textbf{Liability}$