# 16000/86403

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Namo	e)
(Do	ocument Number)	<del></del> /
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

W16. 28906



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16 OCT -3 AH II: 05

S GILBERT OUT 72016

#### **COVER LETTER**

TO: Registrati	ion Section of Corporations		
SUBJECT:	BTD SO	ervices LLC	
		me of Resulting Florida Limite	d Company)
		•	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all	correspondence concer	ning this matter to:	
Ben	DeVolder		
	(Contact Person)	• • • • • • • • • • • • • • • • • • •	
B	TD Services L	LC	
	(Firm/Company)		
1406	Arlington S (Address)	54.	
	Socosota, FL	34239	
	(City, State and Zip Cod	(e)	
bde	10/Der 246 Yah	oo. com	
E-mail Address:	(to be used for future annua	l report notifications)	
For further inform	nation concerning this	matter, please call:	
Ben	DeVolder	at ( 989 ) 7	50-3331
	Contact Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a che	eck for the following an	nount:	
\$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)		es \$\Bigsiz\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDR	RESS:	MAILING A	ADDRESS:
Registration Sect		Registration	Section
Division of Corp	orations	Division of C	
Clifton Building 2661 Executive (	Center Circle	P. O. Box 63. Tallahassee, l	
FOOT DYCCRIAC (	CHICI CHOIC	rananassee, i	[L J4J14

Tallahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2016

BEN DEVOLDER 2641 ARLINGTON ST. SARASOTA, FL 34239

SUBJECT: BTD SERVICES LLC Ref. Number: W16000028906



We have received your document for BTD SERVICES LLC and your check(s) totaling \$155.00. 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 the corrected original and one copy of 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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 316A00008095

Division of Companytions DO DOV 6997 Tollahassas Florida 29914

#### **Articles of Conversion**

For

### "Other Busines! Entity"

Into

#### Florida Limited Liability Company

16 OCT -3 AM !!: 05

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 LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on O4/15/2013  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Dote of Filing.  (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 5th day of April	20 \ 6
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Sen Devolder	Title: <u>manager/member</u>
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
a allw	
Signature: Jen Wollder Printed Name: Ben Solde	Trial M I
Printed Name: Sen Swales	_ little:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	T'A
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
70.TM 41 6	
If Florida Corporation:	06
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
if Directors of Officers have not occur selected, an inc	Corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit 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

	BTD Service	es LLC				
(M	ust end with the words "Limite		y, "L.L.C.,"	or "LLC.")		<del></del>
ARTICLE II - A	ldross.					
	ss and street address of	the principal o	ffice of t	he Limite	d Liabili	ity Comp
Principal Office A	Address:	<u>Mailin</u>	g Addre	ess:		
aby1 Ac	lington St. b. FL 34239	ć	1691	Arlington	54.	
	21234			73	24724	
Socosot	P 1 FC 37437		2010-2010	K, PL	2.192	
ARTICLE III - R The Limited Liability C business entity with an	Registered Agent, Region of the company cannot serve as its own active Florida registration.)	n Registered Agent.	You must	designate an		or another
ARTICLE III - R The Limited Liability C business entity with an	Registered Agent, Region active Florida street address of	on Registered Agent.	You must a	designate an	individual o	or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Region active Florida street address of	n Registered Agent.	You must a	designate an	individual o	or another  16 OCT - 3
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Region pany cannot serve as its own active Florida registration.)  Florida street address of the control of	on Registered Agent.  of the registered  OeVolder  Name	You must a	designate an	individual o	or another  16 OCT - 3
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Region pany cannot serve as its own active Florida registration.)  Florida street address of the control of	on Registered Agent.  of the registered  OeVolder  Name	You must a	designate an	individual o	or another  16 OCT - 3
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered as its own active Florida registration.)  Florida street address of Sen  Outl	of the registered Agent.  The Volder  Name  At Lington  Str. (P.O. Box NC)	agent ar	re:		or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registered Agent, Registered Agent, Registered as its own active Florida registration.)  Florida street address of Sen  Outl	on Registered Agent.  of the registered  OeVolder  Name	agent ar	re:	individual o	or another  16 OCT - 3

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	• • • • • • • • • • • • • • • • • • •
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager 	Ben DeVolder
	2641 Arlington St.
	Sarusota, FL 34239
######################################	
effective date is listed, the date mu	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date mu days after the date of filing.)	est the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)  If the date inserted in this block does not me ent's effective date on the Department of States.	est the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than effective date is listed, the date muse of days after the date of filing.)  If the date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not be liste ate's records.
CLE V: Effective date, if other than effective date is listed, the date mu 20 days after the date of filing.)  If the date inserted in this block does not me ent's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed if am aware that any false information.	est the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than effective date is listed, the date mu to days after the date of filing.)  If the date inserted in this block does not me ent'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 a management of the constitutes a third degree fellows.	eet the applicable statutory filing requirements, this date will not be listed ate's records.  Sher or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
CLE V: Effective date, if other than effective date is listed, the date mu to days after the date of filing.)  If the date inserted in this block does not me ent'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 a management of the constitutes a third degree fellows.	eet the applicable statutory filing requirements, this date will not be listed ate's records.  Sher or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State

Page 2 of 2