# L16000189966

| (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: |
|   |
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|   |

Office Use Only



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THE SELECTION OF STATE OF CORPORATION OF CORPORATIO

× 10/14/16

### COVER LETTER

| TO: Registration S Division of C   |  |  |                    |  |
|--|--|--|--------------------|--|
| SUBJECT: Doctor B  | umper, LLC   |  |                    |  |
|  | (Name  | of Resulting Florida I                   | imite              | ed Company)  |
|  |  |  |                    | nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S. |
| Please return all corre  | espondence concernin                                 | g this matter to:                        |                    |  |
| Roy Smit   |  |  |                    |  |
|  | (Contact Person)                                     |  |                    |  |
| Doctor Bumper LLC  |  |  |                    |  |
|  | (Firm/Company)                                       |  |                    |  |
| 3156 Twin Shore Lane   |  |  |                    |  |
|  | (Address)  |  |                    |  |
| Orlando FL 32824   |  |  |                    |  |
| ((   | City, State and Zip Code)                            | <del></del>                              |                    |  |
| doctorbumperusa@gmai   | l.com  |  |                    |  |
| E-mail Address: (to b  | e used for future annual re                          | port notifications)                      |                    |  |
| For further informati  | on concerning this ma                                | tter, please call:                       |                    |  |
| Roy Smit   |  | at ( <sup>407</sup> )                    | 731-7              | 7951   |
| (Name of Conta   | ct Person)   | (Area Code)                              | (Day               | ytime Telephone Number)  |
| Enclosed is a check f  | or the following amou                                | ınt:                                     |                    |  |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | \$155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180.00 Filing F<br>and Certified Copy |                    | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status           |
| STREET ADDRES Registration Section Division of Corporat Clifton Building                 | ions   | Registra<br>Division<br>P. O. Bo         | tion in of Cox 63. | Corporations<br>27   |
| 2661 Executive Cent  | er Circle  | i allahas                                | see,               | FL 32314   |

Tallahassee, FL 32301

## 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.

| Name of Other Business Entity)   |
|--|
| orporation · · · · · · · · · · · · · · · · · · ·   |
| nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| d under the laws of Florida  |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| oration)   |
| ability Company as set forth in the attached Articles of Organization:  Florida-Limited Liability Company)   |
| , enter the effective date:  |
| or to date of receipt or filed date nor more than 90 days after the orida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.) |
| of State's records.  |
|  |

Page 1 of 2

MASTER COSPONATION OF COSPONATION

| Signed this 10   | day of October   | 20_16                                 |                   |
|--|--|---------------------------------------|-------------------|
|  | ,  |                                       |                   |
| Signature of Authoriz                                  | <u>ed Representative</u>   | of Limited Liability Comp             | any:              |
| Signature of Authorize                                 |  |                                       |                   |
| Printed Name: Roy Smit                                 |  | Title: Manager                        |                   |
| -(1  | of Other Business  | Entity:  See below for requi          | red signature(s)] |
| Signature:   |  | mu : BCD                              |                   |
| Printed Name: Roy Smit                                 |  | Title: P,S,D                          |                   |
| Signature:   | In la State  |                                       |                   |
| Printed Name: Julieta Sm                               | at the same of the | Title: VP.D                           |                   |
|  |  |                                       |                   |
| Signature:   |  |                                       |                   |
| Printed Name:  |  | Title:                                |                   |
|  |  |                                       |                   |
| Signature:   |  | · · · · · · · · · · · · · · · · · · · |                   |
| Printed Name:  |  | Title:                                |                   |
| Ciamatura  |  |                                       |                   |
| Signature:   |  | Title:                                |                   |
| Timed Hame.  |  | Title.                                |                   |
| Signature:   |  |                                       |                   |
| Printed Name:  |  | Title:                                |                   |
|  |  |                                       |                   |
| If Florida Corporation                                 |  |                                       |                   |
| Signature of Chairman,                                 |  |                                       |                   |
| If Directors or Officers                               | have not been select   | ed, an Incorporator must sign.        |                   |
| KElorida Cananal Bar                                   |  | d I inkilite. Do oto conkine          |                   |
| Signature of one General                               |  | d Liability Partnership:              |                   |
| Signature of one Genera                                | ii rariner.  |                                       |                   |
| If Florida Limited Par<br>Signatures of <u>ALL</u> Gen |  | d Liability Limited Partners          | hip:              |
| All others:<br>Signature of an authoriz                | ed person.   |                                       |                   |
| Fees:  |  |                                       |                   |

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FOR ARTICLE I - Name:   | C LORIDA ENVITED LIABILI   | III COMI AIVI  |
|--|--|--|
| The name of the Limited Liability Company is   | s:   |  |
| Doctor Bumper, LLC   |  |  |
| (Must end with the words "Limited Lial   | bility Company, "L.L.C.," or "LLC.")   |  |
| ARTICLE II - Address: The mailing address and street address of the  | principal office of the Limited Liab   | oility Company is:   |
| Principal Office Address:  | Mailing Address:   |  |
| 3156 Twin Shore Lane   | 3156 Twin Shore Lane   |  |
| Orlando FL 32824   | Orlando FL 32824   |  |
|  |  | . Pa   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  |  |  |
| The name and the Florida street address of the   | e registered agent are:  |  |
| Roy Smit   |  |  |
| Nar  | me   |  |
| 3156 Twin Shore Lane   |  |  |
| Florida street address (P.   | O. Box NOT acceptable)   |  |
| Orlando  | FL 32824   |  |
| City   | Zip  |  |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r | in this certificate, I hereby accept th<br>acity. I further agree to comply with<br>e performance of my duties. and I an | ne appointment as<br>n the provisions of al<br>n familiar with and |
|  | <i></i>  | 31 yr.<br>20   |
| Registered Agent's Si  | gnature (REQUIRED)   | SEGENTARY<br>VISIGN OF THE<br>2016 OCT 13                          |
| (CONTI   | NUED)  | <b>二 二 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三</b>                     |
| Page i   | l of 2   | 한 한 시시는<br>한 한 한 시시는 V<br>PH 2: 15                                 |

| 10 4 3 473 73 11   |                                | Name and Address:   |
|--------------------|--------------------------------|---|
|                    | Authorized Member              |   |
| "MGR" = 1          | Manager                        | Davi Carit  |
| MGR                | <del></del>                    | Roy Smit 3156 Twin Shore Lane   |
|                    |                                | Orlando FL 32824  |
|                    |                                | Onundo I E 32624  |
| MGR                |                                | Juan Carlos Caballero   |
|                    |                                | 3156 Twin Shore Lane  |
|                    |                                | Orlando FL 32824  |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
| (Hise attack       | iment if necessary)            |   |
| (Osc attaci        | micht if ficcessary)           |   |
| ICLE V: Eff        | ective date, if other than t   | he date of filing: 10/10/2016 (OPTIONAL)                                      |
|                    |                                | st be specific and cannot be more than five business days                     |
|                    | the date of filing.)           |   |
|                    | ted in this block does not mee | et the applicable statutory filing requirements, this date will not be listed |
|                    | ate on the Department of Stat  | te's records.   |
|                    | •                              |   |
| nent's effective d | ner provisions, if any.        |   |

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State to constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

#### **Filing Fees**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional) Page 2 of 2

Roy Smit