616000228418

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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12/19/16--01038--005 **150.00

T. BURCH BEC 2 0 2016

COVER LETTER

TO: Registration S Division of C			
SUBJECT: Chi	Ny Por Form	nance, LL of Resulting Florida Limite	C Company)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Michelle	(Contact Person)		•
Chilly S	(Firm/Company)	e	
6028 (W Line Dave	is Ave Su?	te C
Tampa, (FL 336 City, State and Zip Code)	25	
E-mail Address: (to b	e used for future annual rep	port notifications)	~
For further information	on concerning this mat	ter, please call:	
(Name of Conta	ct Person)		74-026\ time Telephone Number)
Enclosed is a check f	or the following amou	nt:	
\$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 ADDRESS Registration Section	S <u>:</u>	MAILING A Registration S	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations . Clifton Building

2661 Executive Center Circle 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: Chilly ParFormance, Inc
(Enter Name of Other Business Entity) 5-corporation 2. The "Other Business Entity" is a (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 (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: Chilly Performance LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: _O\/o\/20\7 (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.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

document's effective date on the Department of State's records.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 14 m day of December	20(
Signature of Authorized Representative of Lim	ited Liability Company:
a	W.Can
Signature of Authorized Representative:	<u> </u>
Signature of Authorized Representative. Printed Name: Michalle Grover	Title: mambe
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Malle Grover Printed Name Michelle Grover	
Printed Name: Michalle Grover	Title: President
5	
Printed Name: Edmond Grover	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	•
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
<u>If Florida General Partnership or Limited Liabili</u>	ty Dartnarchine
Signature of one General Partner.	ty rartitership;
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name.	
The name of the Limited Liability Company is	S:
Chilly PerFormance L (Must end with the words "Limited Liab	LC
/ (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	orincipal office of the Limited Liability Company is Mailing Address:
	•
6028 W. Linebough Suite C	Goas w Linebough Suite C
Tampa, FL 33625	Suite C Tampa, FL 33625
ARTICLE III - Registered Agent, Registere	. 🔨 1

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ADTICLE

Micrelle Grover
Name

6028 Whinebough Suite C

Florida street address (P.O. Box NOT acceptable)

Tanga FL 33625

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Michalle Grover
	6028 W Linebaugh Que Suite
	Tampa FL 33625
MERM	Edmond Grover
1 18 11 1	6028 W Linebough Are Suite C
	Ta-00 FL 33635
<u>, </u>	
	•
	late of filing: $01/01/2017$. (OPTIONAL) a specific and cannot be more than five business days pr
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.) If the date inserted in this block does not meet the nt's effective date on the Department of State's not meet the date.	e specific and cannot be more than five business days pre- applicable statutory filing requirements, this date will not be listed as
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CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.) If the date inserted in this block does not meet the nt's effective date on the Department of State's record of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in account is executed in account in a ware that any false informatic constitutes a third degree felony as	e specific and cannot be more than five business days pre applicable statutory filing requirements, this date will not be listed as ecords. Or an authorized representative of a member. Ordance with section 605.0203 (1) (b), Florida Statutes. Sion submitted in a document to the Department of State

Page 2 of 2

, ARTICLE IV-