# 116000232959

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Quein	iess Entity Nan	ne)
(Dusii	iess Entry Han	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
		:
		<u> </u>

Office Use Only



500293161505

12/29/16--01005--008 \*\*150.00

6 DEC 29 ANTI: I

T SCHROEDER

## **COVER LETTER**

TO:	Registration Division of C					
SUB.	JECT:	V	Vin V	ision LL(		
		(Name of Res	sulting l	Florida Lim	ted Cor	mpany)
						nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Pleas	e return all corr	respondence concernin	g this	matter to:		
		lgor Gruendl				
-		(Contact Person)			_	
		Win Vision LLC			_	
		(Firm/Company)				
	205	55 Siesta Drive Uni	t 564	0	_	
		(Address)				
	s	arasota, Florida 34	277			
	(	City, State and Zip Code)			-	
			_	··	-	
IS-1	mail Address: (to l	be used for future annual re	port no	tifications)		
For fi	urther informati	ion concerning this ma	tter, p	lease call:		
	lgor Gru	iendl	at (	941	) 70·	4-5147
	(Name of Conta					ytime Telephone Number)
		for the following amount a bank located in the			proces	sed by this office must be payable in US
(\$25 fe	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis	EET ADDRES			Regist	ration	ADDRESS: Section
	tion of Corporation Building	tions				Corporations
	n Building Executive Cent	ter Circle		P. O. I Tallah		FL 32314
	hassee, FL 323			- ********	,	<del> </del>

# **Articles of Conversion**

For

### "Other Business Entity"

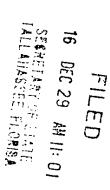
Into

# 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.

The name of the "Other Business Entity" imme  Win Vision	ediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other	
	oration
	e. Example: corporation, limited partnership, ership, common law or business trust, etc.)
First organized, formed or incorporated under the	
on 01/10/2003	(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 Com Win Vision LL  (Enter Name of Florida Limited	<del></del>
date this document is filed by the Florida Departure date listed in the attached Articles of Organizat	of receipt or filed date nor more than 90 days after the rtment of State; AND 2) must be the same as the effective ion, if an effective date is listed therein.) plicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in according	cordance with all applicable statutes.
<ol> <li>The "Converted or Other Business Entity" has agr which such members are entitled under ss. 605.10</li> </ol>	reed to pay any members having appraisal rights the amount to 006 and 605.1061-605.1072, F.S.

Page 1 of 2



Signed this 28 day of December	20_16			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name:   Igor H Gruendl	Title: Member			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Agor H Gruendl	Title: Member			
Signature: Caul of Commell				
Printed Name: Carol A Gruendl	_ Title:Member			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	_Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.				
Fees:		7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	<b>6</b>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	東西 (大学) (1977年) (197	DEC 29 AM	FILED
Ē	Page 2 of 2		1: 01	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Win Vision LI	.C.	
(Must	end with the words "Limited Liab	ility Company, "L.IC.," or "LLC.")	
ARTICLE II - Addı	ress:		
The mailing address	and street address of the	orincipal office of the Limited Liability Co	ompany is
Principal Office Add	dress:	Mailing Address:	
1525 Eastbrook Dri	ive	2055 Siesta Drive	
1525 Eastbrook Dr Sarasota, Florida 3		2055 Siesta Drive Unit 5640	
Sarasota, Florida 3  ARTICLE III - Reg	4231 distered Agent, Register	Unit 5640 Sarasota, Florida 34277 ed Office, & Registered Agent's Signatu	
ARTICLE III - Reg (The Limited Liability Computations sentity with an action	distered Agent, Registered pany cannot serve as its own Regive Florida registration.)  orida street address of the	Unit 5640 Sarasota, Florida 34277  ed Office, & Registered Agent's Signatustered Agent. You must designate an individual or another registered agent are:	
ARTICLE III - Reg (The Limited Liability Computations sentity with an action	distered Agent, Register of pany cannot serve as its own Regive Florida registration.)  orida street address of the	Unit 5640 Sarasota, Florida 34277  ed Office, & Registered Agent's Signatustered Agent. You must designate an individual or another registered agent are:	
ARTICLE III - Reg (The Limited Liability Computations sentity with an action	distered Agent, Registered pany cannot serve as its own Regive Florida registration.)  orida street address of the	Unit 5640 Sarasota, Florida 34277  ed Office, & Registered Agent's Signatustered Agent. You must designate an individual or another registered agent are:	
ARTICLE III - Reg (The Limited Liability Computations sentity with an action	distered Agent, Register of pany cannot serve as its own Regive Florida registration.)  orida street address of the	Unit 5640 Sarasota, Florida 34277  ed Office, & Registered Agent's Signatustered Agent. You must designate an individual or anotheregistered agent are:  registered agent are:	
ARTICLE III - Reg (The Limited Liability Compusiness entity with an action The name and the Florida Article III - Reg	distered Agent, Register pany cannot serve as its own Regive Florida registration.)  orida street address of the lgor H G  Nar  1525 Eastbro	Unit 5640 Sarasota, Florida 34277  ed Office, & Registered Agent's Signatustered Agent. You must designate an individual or anotheregistered agent are:  registered agent are:	
ARTICLE III - Reg (The Limited Liability Compusiness entity with an action The name and the Florida Article III - Reg	distered Agent, Register pany cannot serve as its own Regive Florida registration.)  orida street address of the lgor H G  Nar  1525 Eastbro	Unit 5640 Sarasota, Florida 34277  ed Office, & Registered Agent's Signatustered Agent. You must designate an individual or another registered agent are:  ruendl ne ok Drive	

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		
AMBR	lgor H Gruendl	
	2055 Siesta Drive Unit 5640	<del></del>
	Sarasota, Florida 34231	_
AMBR	Carol A Gruendl	
	2055 Siesta Drive Unit 5640	
	Sarasota, Florida 34231	<u> </u>
<del></del>		_
LE V: Effective date, if other that	on the date of filing: 01/01/2017 . (OPT	
ffective date is listed, the date redays after the date of filing.)	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will State's records.	not be lis
LE V: Effective date, if other that fective date is listed, the date redays after the date of filing.) the date inserted in this block does not it's effective date on the Department of	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	ness da
LE V: Effective date, if other that fective date is listed, the date r days after the date of filing.) the date inserted in this block does not its effective date on the Department of	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	ness da
LE V: Effective date, if other that fective date is listed, the date r days after the date of filing.) the date inserted in this block does not 's effective date on the Department of LE VI: Other provisions, if any.	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	not be lie
LE V: Effective date, if other that fective date is listed, the date r days after the date of filing.) the date inserted in this block does not 's effective date on the Department of	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	not be in
LE V: Effective date, if other that fective date is listed, the date redays after the date of filing.) the date inserted in this block does not seffective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	not be lie
LE V: Effective date, if other that fective date is listed, the date is days after the date of filing.) the date inserted in this block does not is effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	not be lie
LE V: Effective date, if other that fective date is listed, the date redays after the date of filing.) he date inserted in this block does not is effective date on the Department of LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a metal this document is execute	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.  The state of a member of an authorized representative of a member of an authorized representative of a member of	not be list of ABY ONLESS.
LE V: Effective date, if other that fective date is listed, the date redays after the date of filing.) the date inserted in this block does not 's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a met This document is execute I am aware that any false in the state of the st	must be specific and cannot be more than five bus meet the applicable statutory filing requirements, this date will state's records.	not be list of ABY ONLESS.

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-