FSF50000711

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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02/06/17--01049--012 **185.00

17 FEB -6 AH 5: 41 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Limitless Lighting Solutions, LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Hichars O'Rorke (Contact Person)
Limitless Lighting Solutions, LLC Firm/Company)
16223 S.W. Pine View Ave. (Address)
Indiantown, FL. 34956 (City. State and Zip Code)
HickQ Limitlesslighting Solutions. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Nik at (CPS) 216-2794 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\Bigcup \\$150.00 \text{ Filing Fees} \\ (\\$25 \text{ for Conversion} \\ \&\\$125 \text{ for Articles} \\ \text{of Organization}\\ \end{artificate of Status} \Bigcup \Bigcup \\$180.00 \text{ Filing Fees} \\ \text{and Certified Copy} \\ \text{Certified Copy} \\ \text{Certificate of Status} \end{artificate of Status}

STREET ADDRESS:

TO: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

Signed this 3th day of February	20 <u>17</u>	
Signature of Authorized Representative of Limit	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Nicholes Okouke	Title: Owner	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Missoles O'Rourke	Title:Owner	
Signature: Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity 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

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

16223 S.W. Pine View Hue.	16223 SW Pine View Ave.
Indientown, FL-34950	Indiantown, FL. 34956
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Nicholas O'Rourk	<u>'e</u>
Name	:
1623 SW Pire Florida street address (P.O.	
Indiantown,	FL 34956 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:	a authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Am & R	Nichoks O'Rourke 16223 SW Pine View Ane. Indiantown, Fl. 34956
	
(Use attachment if necessary)	
(If an effective date is listed, the date must to or 90 days after the date of filing.)	the applicable statutory filing requirements, this date will not be listed as the records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in a I am aware that any false infor	er or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Hicholes O'Rov	yped or printed name of signee
	Filing Fees
\$125.00 Filing Fee for Articles \$ 30.00 Certified Copy (Option	of Organization and Designation of Registered Agent nal) \$ 5.00 Certificate of Status (Optional)
5 Soloo Certinea Copy (Opnor	Page 2 of 2