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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE

APP IO PM

2017 APR 19 PM 4:1

COVER LETTER

Division of Corporations
SUBJECT: Webb Worx 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:
Will Albert Brantley II (Contact Person)
Webb Work 1 LC (Firm/Company)
401 East Tropical Way
Plantation FC 33317 (City, State and Zip Code)
E-mail Address: (to be used for future ambial report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 842 - 9998 (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)
\$\sqrt{150.00}\$ Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sqrt{150.00}\$ Filing Fees and Certificate of & \$180.00\$ Filing Fees and Certified Copy & \$185.00\$ Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

32301

Circle Tallahassee, FL

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

17 APR 19 PH 4: 56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

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 Limited Liability Company. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Wyoming (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
Webb Worx Associates, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 4/9/2. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 19 day of April	_20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: W. Printed Name: Will A. Brantley T.	Managing Director
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Signature: Will A. Brantle II	Title: Manging Director
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	T'.1
Printed Name:	11tte:
Signature:	
Printed Name:	Title:
S:	
Signature:Printed Name:	Title
Timed Name.	Title.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Webb Worx Associate	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
401 East Trapical Way Plantation, FL 33317	401 East Tropicalway Plantation, FL 33317
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Will Brant	AHASSE AHASSE
401 E. Tropical Florida street address (P.O	D. Box NOT acceptable)
Plantation	FI 33317

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..

Zip

Registered Agent's Signature (REQUIRED)

City

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR Manager	Chery Brantley 401 E. Tropical Way Plantation, FL 33347
Manager	Well Bruntley II 401 E-Trapical way Plantation, FL 33317
(Use attachment if necessary)	
(If an effective date is listed, the date must leader to or 90 calendar days after the date of	e applicable statutory filing requirements, this date will not be listed as th
ARTICLE VI: Other provisions, if any.	ALC: N
REQUIRED SIGNATURE:	ASSEE FL.
This document is executed in acc	or an authorized representative of a member ordance with section 605.0203 (1) (b), Florida Statute tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
Will A. B. Type	ed 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)

· ' The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: