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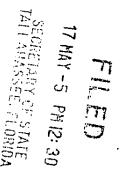
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(Cit	y/State/Zip/Phone	#)
PICK-UP	<b>W</b> AIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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MAY - 5 2017 T SCHROEDER

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A Proud Plumber 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:
George Degler (Contact Person)
(Firm/Company)  21831 477 Dec. (Address)
City State and Zip Code) <u>George teglen@windstream. Net</u> E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 438-9635 (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} \\ (\frac{\pi}{2}\)\$155.00 \text{ Filing Fees} \\ \text{and Certified Copy} \\ \frac{\pi}{2}\)\$185.00 \text{ Filing Fees} \\ \text{and Certified Copy} \\ \frac{\pi}{2}\)\$185.00 \text{ Filing Fees} \\ \text{and Certified Copy} \\ \text{Status} \end{and Certified Copy} \\ \text{of Organization} \end{and Certified Copy} \\ \text{Certified Copy} \\ \text{Certificate of Status} \end{and Certified Copy} \\ \text{Certified Copy} \\ \text{Certificate of Status} \end{and Certified Copy} \\ \text{Certificate of Status} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{Certificate of Status} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{Certificate of Status} \\
STREET ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

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.

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 COROCATION  (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
on 05/01/2009 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A froyd Plumber LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.)  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

Page 1 of 2

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

Signed this 24 day of January	20_17	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative:  Printed Name: George Degler	Title: Mar	_
Signature(s) on behalf of Other Business Entity: [		
Signature: Marel Marel Printed Name: George Deglen	Title: mar	<del>-</del>
Cionatore	l	
Printed Name:	Title:	<del>-</del> -
Signature:		_
Signature:Printed Name:	Title:	_
Signature: Printed Name:		_
Printed Name:	_ Title:	_
Signature: Printed Name:	Title	_
Signature: Printed Name:	Title	_
Trinica Ivanic,		<del></del>
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 ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		77 136 78
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TMAY -5 PHID

Page 2 of 2

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

ARTICLE I - Name: The name of the Limited Liability Company is:
A Preoud Plumber LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>
21831 479 DR	
	SAME
CAILE CITY FI 32024	
/	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:

TEORGE Degles.

Name

21831 HT DR

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

LAKE CHy Fl 32021

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..

Regardered AgenCs Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
mgr_	George Deglen
	LAKE CITY FI 32024
(III. Aradamana (Company)	
date of filing.)	specific and cannot be more than five business days prior to or 90 days
TICLE V: Effective date, if other than the date of felling.)	specific and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be lis
TICLE V: Effective date, if other than the date of filing.)  te: If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be lis
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TICLE V: Effective date, if other than the date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be listent of State's records.
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TICLE V: Effective date, if other than the date of filing.)  te: If the date inserted in this block does not document's effective date on the Departme  TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  This document is exe I am aware that any fe	member or an authorized representative of a member.  secuted in accordance with section 605.0203 (1) (b), Florida Statutes.  alse information submitted in a document to the Department of State gree felony as provided for in s.817,155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECULIARIZED STATE
TAIL SHASSEE FLORIDA