## L17000141208

(Requestor's Name)
(Address)
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(Cit.(Chata/Zia/Dhana th
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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(Mo25/17-01613-012 \*\*150.)

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## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT	г:	N DY FLLTO (Name of Res	Sciles LL-C ulting Florida Limited Con	npany)
				d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please retu	ırn all corr	espondence concerning	g this matter to:	
<u> </u>	ndel	(Contact Person)	ic	
<del></del>		(Firm/Company)	<del></del>	
1374	lam	Plignaer u (Address)	o ay	
ozlo	n do	FL 3 3 City, State and Zip Code)	1518	
Andu E-mail A	ر کرید کر ddress: (to b	SALESTIE CO	und Con	
For further	· informati	on concerning this mat	ter, please call:	
Hryd (Ni	elord ime of Conta	Frederic act Person)	at (HOT) HO	779685 rtime Telephone Number)
		or the following amou a bank located in the U		sed by this office must be payable in US
\$150.00 (\$25 for Con & \$125 for A of Organizat	Articles	☐\$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: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING A New Filing S Division of C P. O. Box 632 Tallahassee, I	ection orporations 27	

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:
HMDY AUTO SOJES, INC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation P17 - 41450  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of <u>Chartellary</u> (Enter state, or if a non-U.S. entity, the name of the country)
on OS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ANDY AUSCUES LLT (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:
(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.

- 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 27 day of Co	20
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: And Printed Name: ANDELORO FREDER	Jord Frederic
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Andela d Fredric Printed Name: ANDELOKO FREDE ELE	Title:
Signature: Ed avie Hevrice Printed Name: CEVAVIE HEMES	_ Title:P\ (= 122
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc  If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MDY AU +C SULES LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

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

**ARTICLE I - Name:** 

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3804 North Drange Blossom trail # F17 Orlando, Fl 32504	1374 Lamplighter way orlando, FL 32818
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
ANDELORD S	FREDERIC
1374 lamplia Florida street address (P.O.	MTER Way Box <u>NOT</u> acceptable)
<u>ORlando</u> City	FL 32818 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S
Andlord Gre Registered Agent's Signa	

(CONTINUED)

The name and address of each person au Company:	thorized to manage and control the Limited Liability		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager  MGRE	HNDELORD FREDERIC 1374 Lamplightermay URIANDO, FL 32818		
MGR	CELAVIE HENRIS 1374 Lam plignterway ORlando, FL 32818		
	FILED		
(Use attachment if necessary)	AH IO: 23		
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior  applicable statutory filing requirements, this date will not be listed as the cords.		
	/?		
REQUIRED SIGNATURE:			
Signature of a member of This document is executed in accor	r an authorized representative of a member. dance with section 605.0203 (1) (b), Florida Statutes. In submitted in a document to the Department of State provided for in s.817.155, F.S.		
ANDELORD FR	ZEDERIC CELAVIE HEINELS or printed name of signee		

ARTICLE IV-

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)