# 11700183838

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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#### **COVER LETTER**

SUBJECT: Te	rrapin Valet	- Services, a	Dany)
The enclosed Articles	s of Conversion, Articl	es of Organization, and	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:	
Michael	D. Modre (Contact Person)  Valet Servi (Firm/Company)		
1815apin	(Firm/Company)	inc.	
	GUKHORE (Address)		
Naples	FL 34 City, State and Zip Code)	108	
Mickma	Ity, State and Zip Code)  MecCom  e used for future annual rep		
_	on concerning this mat  . Moore et Person)	ter, please call; at ( <u>239</u> ) <u>2</u> (Area Code) (Days	93—4970 time Telephone Number)
	or the following amous a bank located in the U	•	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	DDRESS:

Registration Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Registration Section
Division of Corporations

#### 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:
Terrapin Volet Services Inc. 702-117150 (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Consortion (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 (Enter state, or if a non-U.S. entity, the name of the country) on 10/31/2002 (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:
Terrapin Valet Services, 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:  (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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this Aday of Aday of	August 20 17.
Signature of Authorized Representative	_
Signature of Authorized Representative: Printed Name: Michael D. Me	ned, m
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: M.C.	
Printed Name: Michel D. Mass	Title: Provided Officer
Signature:	·
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	T'AL.
	Title:
Signature:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire	ector, or Officer.
If Directors or Officers have not been select	ed, an Incorporator must sign.
If Florida General Partnership or Limited Signature of one General Partner.	d Liability Partnership:
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	d Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

Page 2 of 2

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
Terrapia Valet Ser (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9225 Gulshare Dr. W. Naples, A. 34108	Same
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	egistered agent are:
Michael D. 1 Name	Noore
9225 Gulfahox	LE DR. W.
Florida street address (P.O	. Box <u>NOT</u> acceptable)
NAPLES City	fl. 34708
City	Zip
liability company at the place designated in registered agent and agree to act in this capac 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 all performance of my duties, and I am familiar with and eistered agent as provided for in Chapter 605, F.S., that is a complete the complet
(CONTIN Page Lo	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager チャッスペ	Miched D. More	<b>-</b>	
AMBR	Peter Tierrey	- - -	
AMBR_	Joseph C. Kent	- - - -	
AMBR_	Matthew Oberlin	_	
or 90 days after the date of filing.)	be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not records.	_	•
Trobb VI. Ouler provisions, it any.	<u> </u>	17	-
REQUIRED SIGNATURE:		**************************************	
This document is executed in act I am aware that any false informations at third degree felony a	or an authorized representative of a member cordance with section 605.0203 (1) (b). Florida Statules, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	. 1.7	
Michael	$\mathcal{N}_{naa}$		
•	oed or printed name of signee  Filing Fees  Organization and Designation of Registered		

Page 2 of 2

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

ARTICLE IV-

Company: