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(Re	equestor's Name)	
(Ad	ldress)	
(<u>A</u> d	ldress)	
(, .0		
	·	
(Cit	ty/State/Zip/Phone #))
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
	,	
	A March 2	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Canadallana		
Special Instructions to	Filing Officer:	

Office Use Only



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T. BURCH SEP 1 3 2017

	,	COVER LETTER	t
TO: Registration S Division of C			
SUBJECT: 1/1/	VSOL LLC (Name of Res	ulting Florida Limited Con	npany)
		_	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
TRACY D	UNAS (Contact Person)	····	
1.4141501 1	(Contact Person)		
THOSUL L	-LC (Firm/Company)		
1112 Glenn			
	(Address)		
Dunedin	FL 34498 City, State and Zip Code)		
tracydu	Mas 814 @ a e used for future annual re	imail.com	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
TRACY DU	.umas	at (304) 94	5.3 - 9 186
(Name of Conta	CIMAS	(Area Code) (Day	rtime Telephone Number)
	or the following amou a bank located in the		sed 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	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration :	
Division of Corporat	ions	Division of C	Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

17 SEP - 7 AH 9:

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Domestic Lunited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of 111(111)
on 1014 (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:
////SOL_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.

	4/5/14
Signed this 5 th day of September	<u>r</u> 20 ft 17
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: 1 Printed Name: TRACY DUMAS	Sums Title: Partner
Signature(s) on behalf of Other Business Ent	ity: [See below for required signature(s)]
Signature: 406 De- Printed Name: 105 EPH GEORGE DIA	MAS Title: Partner
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director Directors or Officers have not been selected,	or, or Officer.
If Florida General Partnership or Limited L Signature of one General Partner.	iability Partnership:
If Florida Limited Partnership or Limited L Signatures of <u>ALL</u> General Partners.	iability Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organizat Certified Copy: Certificate of Status:	\$25.00 ion: \$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:	
INNSOL LLC (Must end with the words "Limited Liability	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1112 Glenwood Dr Dunedin FL 34698	1112 Glenwood Dr Dunedin FL 3469B
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 reg	gistered agent are:
Tracy Dumas	
Name	
111.2 Glenwood	Dr
1112 Glenvood Florida street address (P.O. 1	Box NOT acceptable)
Dunedin	11 241/24S
<u>Dunedin</u> City	Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Mumas	
	ture (REQUIRED)
	,
(CONTINU	ED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
ANIBR	Tracy Dumas
	1112 Glenwood Dr Duneain FL 34648
4	Bureau Pr. 37610
AMBR	Joseph George Dumas
	1112 Glenwood Dr
	Dunedin FL 3469B
	77
(Use attachment if necessary)	36 J
(Use attachment if necessary)	文章 ス Table Table Tab
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
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LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet is effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a lam aware that any false information.	t be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be list er or an authorized representative of a member.

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

ARTICLE IV-