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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing S Division of C			
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SUBJECT: 57	(Name of Re	STORTS LLC esulting Florida Limited Con	npany)
The enclosed Article	s of Conversion, Arti	cles of Organization, an	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerni	ng this matter to:	
R. Zwen 6	(Contact Person)		
GILLESPIE &	(Firm/Company)	<u> </u>	
	6705.ET		
	(Address)		
BOCKA ZATTON	FLORIDA T	33432	
(FLORYDA City, State and Zip Code)		
E-mail Address: (to b	be used for future annual r	report notifications)	
For further informati	on concerning this m	atter, please call:	
Z・Bcwを	Security Ite	at (<u>56</u> \) 3 (Area Code) (Day	ctime Telephone Number)
	for the following among 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	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat		MAILING A New Filing S Division of C	Section

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

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 <u>Correction</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et	ie.
First organized, formed or incorporated under the laws of STATE OF FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	
on TUDE Z 1988 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: SEREMBEL 1, 2017 (The effective date: 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.) 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.	:r
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.	O

Signed this 23 day of AUCOST	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	1_
Signature of Authorized Representative: Printed Name: DARLO GREANDS	Title: manager
Signature(s) on behalf of Other Business Entity:	• • • • • • • • • • • • • • • • • • • •
Signature: Waro Chry	
Printed Name: DARLO OLLANDO	Title: アスピグ・ロビルで
	
Signature:	
Printed Name:	1 nte:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	771.1
rinied Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	
If Florida Corporation:	•
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershio:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ATAD General Farmers.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
STERIOA AUTO STORETS (Must contain the words "Limited Liability	
, and the second property	Sompany. Tables. Or tables.
ARTICLE II - Address: The mailing address and street address of the prin	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1351 NW STEEDA WAY	1351 NW STIZEDA WAY
POMPANO BRACH, FLORIDA	1351 NW STIZEDA WAY POMBALD BILLER, FLOTUDA 33069
33069	33069
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: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
GREN VITALE Name	-
Name	
1351 NW STEED	A WALL
Florida street address (P.O.	
POMPANO BRACH	FL 33069 Zip
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 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., atture (REQUIRED)
(CONTINU	7 AUG

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DARIO ERNANDO
	1351 NW STEEDA WAY
	POMPANO BEACH, FLORIDA
	33069
	
Use attachment if necessary)	
EV : Other provisions, if any.	
	
	<u> </u>
REQUIRED SIGNATURE:	夏雨
11/2	•
	
Kidaatara afa mambar an i	an authorized representative of a member
This document is avocated in accompany	ACRES SECTIONS INCOMED TO A LEGISLATION DESCRIPTION OF A SECTION OF A
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This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)