# 117000222611

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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OCT 2 7 2017 T SCHROEDER

#### **COVER LETTER**

Division of C				
SUBJECT:	A to Z T	Total Service Sulting Florida Limited Con	ces LLC	1
		_	nd fees are submitted to conve accordance with s. 605.1045. I	1
Please return all corr	espondence concernin	g this matter to:		
_ Rick	(Contact Person)	d		1
	(Firm/Company)			
3190	Safe Harbor (Address)	br.		
-Naples	FL 34117 City, State and Zip Code)			
	SSWe washing be used for future annual de			
For further informati	on concerning this ma	tter, please call:		
Rick G (Name of Conta	rimstead act Person)	at ( <u><b>239</b></u> ) (Area Code) (Day	330 - 5026 ytime Telephone Number)	
	for the following amou a bank located in the		sed by this office must be pay	able in US
S150.00 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	S:	MAILING A		
New Filing Section Division of Corporat	ions	New Filing S Division of C		
Clifton Building	ЮПЭ	P. O. Box 63	*	
2661 Executive Cent	er Circle	Tallahassee,		

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. Flor 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)  (Enter Name of Other Business Entity)	: `\
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	etc.
First organized, formed or incorporated under the laws of	
on 0/8/2010 (date of organization, formation or incorporation)	-
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
A to Z Total Services LLC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 1/1/7 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date of the	ter
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 disted as the document's effective date on the Department of State's records.	e
5. The plan of conversion has been approved in accordance with all applicable statutes.	1
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	to
77 00 27 A A A A A A A A A A A A A A A A A A	1
	1

Signed this 24 day of October	20	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	ef Grenntt Title: President/M	IGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature	e(s)]
Signature: Blef Hemits Printed Name: Rick Grimstead	Title: <u>President</u>	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In- If Florida General Partnership or Limited Liabili Signature of one General Partner.	Officer. corporator must sign.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> 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)	

OCT 26 AT 8:31

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
A +o Z Tota (Must contain the words "Limited Liability Contains the words "Linited Liability Contains the words "Liability Contains the words "Lia	Services LLC Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	icipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3190 Safe Harbor Dr. Waples of 34117	3190 Safe Harbor Dr. Naples, FL 34117
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: ed Agent, You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Rick Griv	nstead
3190 Safe 1 Florida street address (P.O. I	Harbor Dr. Box <u>NOT</u> acceptable)
Naples City	FL 34117 Zip
liability company at the place designated in to 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 it. I further agree to comply with the provisions of all rformance of my duties, and I am familian with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signal	ture (REQUIRED)
(CONTINU	ED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	A to Z Towing & Reco. 3190 Safe Harber Dr.
	Naples, F1 34117
<u></u>	
(Use attachment if necessary)	
Ose unueriment it necessary)	· · · · · · · · · · · · · · · · · · ·
LE V: Other provisions, if any.	ია თ ———————————————————————————————————
REQUIRED SIGNATURE:	> 
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
- Rich	c Crimstead  ped or printed name of signee
1 y	Filing Fees

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

ARTICLE IV-