# 617000229400

(R	equestor's Name)	
(A	ddress)	<del></del>
(À	ddress)	
(C	ity/State/Zip/Phone #	<u> </u>
(0	rty/otato/Etp// Horto //	•
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



600305318876

11/07/17==01003==**00**4

\*\*150.00

דורבט

T BURCH

#### **COVER LETTER**

TO: New Filing S	ection			
Division of C	orporations			ij
SUBJECT:	TLS Entra	USAVE/S L	LC npany)	
			d fees are submitted to convert coordance with s. 605.1045, F.S	
Please return all corr	espondence concernin	g this matter to:		
Sett	(Contact Person)			i
TLS	Energy So	VOS		i
425 S	Verice Blv	<del>-</del>		
1/2	(Address)	_		
Vaice	City, State and Zip Code)			
E-mail Address: (to b	Gy Savos W G	port notifications)		1
- 11 M	on concerning this ma	-	- 1 7 17	
Seth to (Name of Contr	act Person)	at (94) 3 (Area Code) (Day	rtime Telephone Number)	
	or the following amou		sed by this office must be payab	ole 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	<b>S</b> :	MAILING A		

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

### **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:  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLONG  (Enter state, or if a non-U.S. entity, the name of the country)
on 12/02/2016 (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)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.
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

		7 <b>1</b>	I
,			
	7		
Signed this 2 day of Navember	_ 20		
Signature of Authorized Representative of Limi	ted Liability Company:		1
	hips		ľ
Signature of Authorized Representative: All Printed Name: Set H Horis	Title: President		
Timed Name. Series 1100/15	Time. Trestor (1)		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]		
Signature: AM			
Printed Name: Sch Howig	Title: President		
Signature: The Man			
Printed Name: Thomas Hours	Title: Vice President	}	
J		;	1
Signature:Printed Name:	Title:		
Signature:	Tista		
Printed Name:	_ Title:		
Signature:		Ì	
Printed Name:	Title:		i
Signature:			!
Printed Name:	Title:		1
<u>If Florida Corporation:</u>			1
Signature of Chairman, Vice Chairman, Director, or		1	
If Directors or Officers have not been selected, an Inc	corporator must sign.		
<u>If Florida General Partnership or Limited Liabilit</u>	y Partnership:	1	
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:		
Signatures of ALL General Partners.		\	1
All others:			<b>,</b>
Signature of an authorized person.		' '	
Fees:			
. 603.			
Articles of Conversion:	\$25.00		
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)		1
Certificate of Status:	\$5.00 (Optional)		
	· · · · · · · · · · · · · · · · · · ·	4	<u> </u>
		•	<u> </u>
			1

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	y is:
Principal Office Address: Mailing Address:	
Vaice FL 34203 Verce FL 34223	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:  Sell Hoerg  Name	
425 S Venice Blud	
Florida street address (P.O. Box NOT acceptable)	
1/enice FI 34793	
<u>Verke</u> FL 34293 City Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.  Registered Agent's Signature (REQUIRED)	as of al and

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager  Presidet	Seth Hoery
1 . 0 - 11	U25 SVINCE Blud
Vice President	1 romas Hoerig 2788 N BISCORNE DE North Port FL 34 201
	—————————————————————————————————————
	33.7.7.3 28.7.7.3 29.7.7.3
(Use attachment if necessary)	
LE V: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree features.
C AL H	Derig
	ped or printed name of signee

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

**ARTICLE IV-**