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	(Requestor's Name)
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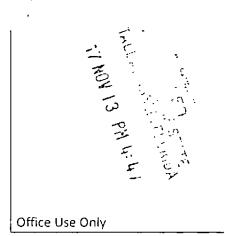
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com



CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

	ONATION NATURE(3) &		
1. <u>Dixie</u>	Air Pa	arts, Inc.	211427
(CORPORATE NA	AME)	(DOCU	MENT #)
2			
(CORPORATE NA	AME)	(DOCU	MENT#)
3.	AME)		
(CORPORATE NA	AME)	(DOCU	MENT #)
	Pick up time:		Certificate Of Status
New Filings	Amend	ments	Other Filings
Profit	Amendme	nts	Annual Report
Non-Profit	Resignation	n	Fictitious Name
Limited Liability	Dissolution	n/Withdrawal	Apostille:
Other:	Other:		
X CONVERSION			Other:

Examiners Initials

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: DIXIE AIR PARTS, INC 211427
(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.
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
04/18/1958 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DIXIE AIR PARTS, LLC.
(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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 02 day of OCTOBER	20 <u>17</u>
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: ARASH CABY	Title: AMBR
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
Signature: Printed Name: CATHERINE (ABY)	Title: PRESIDENT
Signature: Printed Name: ARASH CARY	Title:
Signature: Printed Name:	Title:
Signoture: Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tida.
If Florida Corporation:	1:00.
Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liah Signature of one General Partner.	nnity partnership:

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

All others: Signature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limit	ed Liability Company	is:	
DINIE AIR PARTS, LLC.			
	ntain the words "Limited Lial	bility Conspany, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address ar		e principal office of the Limite	d Liability Company is:
Principal Office Add	res <u>s:</u>	Mailing Address:	
2085 WEST 73rd STREET HIALEAH, FL 33016		SAME	· · · · · · · · · · · · · · · · · · ·
	ny cannot serve as its own Re Florida registration)	red Office. & Registered Age egistered Agent You must designate an i ne registered agent are:	
<u>RE</u>	NE VELAQUEZ, CPA		
	Na 	int	
100	N. BISCAYNE BLVD S	TE. 20800	
FI	orida street address (P	P.O. Box <u>NOT</u> acceptable)	
MI.	AMI	FL 33132	
	City	Zip	
liability company registered agent and statutes relating to	at the place designated agree to act in this cap the proper and comple	d to accept service of process for in this certificate. Thereby accordingly. I further agree to complete performance of my duties, and registered agent as provided for	vept the appointment as ly with the provisions of all all I am familiar with and or in Chapter 605, F.S
	Registered Agent's S	ignature (REQUIRED)	<u> </u>
		INUED)	10V 13 PH 4:41

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

14 . 4 . 4 . 7 . 1	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ARASH CABY
	2085 WEST 73rd STREET
	HIALEAH, FL 33016
AMBR	CATHERINE CABY
	2085 WEST 73rd STREET
	HIALEAH, FL 33016
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(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) TCLE V: Other provisions, if any.	
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TCLE V: Other provisions, if any.	
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CICLE V: Other provisions, if any.	7.
ICLE V: Other provisions, if any. REQUIRED SIGNATURE:	2 .
REQUIRED SIGNATURE: Signature of a member or :	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance	
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a document.	with section 605,0203 (1) (b), Florida Statutes, I am aware that

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