# 11000255172

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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### **COVER LETTER**

| Division of C  | Corporations  |   |   |
|--|---|---|---|
| SUBJECT: BLACK   | DIAMOND LIMO, LLC                                     |   |   |
|  |   | of Resulting Florida Limit                        | ed Company)   |
| The enclosed Certific Business Entity" into  | cate of Conversion, A<br>o a "Florida Limited L       | rticles of Organization<br>iability Company" in a | , and fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all corr   | espondence concernin                                  | g this matter to:                                 |   |
| Cheyenne Moseley   |   |   |   |
|  | (Contact Person)                                      |   |   |
| LegalZoom.com, Inc.  |   |   |   |
|  | (Firm/Company)  | -   |   |
| 101 N Brand Blvd., 11  | th Floor  |   |   |
|  | (Address)   |   |   |
| Glendale, CA 91203   |   |   |   |
| ((   | City, State and Zip Code)                             |   |   |
| blair1@comcast.net   | •   |   |   |
| E-mail Address: (to b  | e used for future annual re                           | port notifications)                               |   |
| For further information  | on concerning this ma                                 | tter, please call:                                |   |
| Cheyenne Moseley   |   | _at (_800)_773-                                   | 0888 ext 9724   |
| (Name of Conta   | ct Person)  |   | rtime Telephone Number)   |
| Enclosed is a check f  | or the following amou                                 | int:  | ·   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | ■\$180.00 Filing Fees<br>and Certified Copy       | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status          |
| STREET ADDRESS   | S:  | MAILING A   | ADDRESS:  |
| Registration Section   |   | Registration 5                                    |   |
| Division of Corporati  | ons   | Division of C                                     | Corporations  |
| Clifton Building   |   | P. O. Box 633                                     | 27  |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section

## **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

This Certificate 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.

| The name of the "Other Duck are Time   |   |                                    |
|--|---|------------------------------------|
| 1. The name of the "Other Business Ent<br>BLACK DIA  | MOND LIMO, INC. $\frac{11}{2}$  | this Certificate of Conversion is: |
|  | me of Other Business Entity)  | <u>. 10</u> .                      |
| 2. The Office Dusiness Entity is a   | poration  |                                    |
|  | r entity type. Example: corporation, limited peneral partnership, common law or business true |                                    |
| First organized, formed or incorporated u  | under the laws of FL  |                                    |
| 10/11/2017<br>on   | (Enter state, or if a non-U.S   | entity, the name of the country)   |
| (date of organization, formation or incorpora  | ation)  |                                    |
| 3. The name of the Florida Limited Liab  | oility Company as set forth in the attac  | hed Articles of Organization:      |
| BLACK DIAMOND LIMO, LLC  |   |                                    |
| (Enter Name of Flo   | rida Limited Liability Company)   | <del></del> ,·                     |
| 4. If not effective on the date of filing, e   | nter the effective date:  |                                    |
| (The effective date: 1) cannot be prior date this document is filed by the Flori date listed in the attached Articles of C | to date of receipt or filed date nor rida Department of State; AND 2) mu                      | ist be the same as the effective   |
| 5. The plan of conversion has been appro   | oved in accordance with ss. 605.1041-6  | 605.1046.                          |
|  | Page 1 of 2   | 17 DE<br>SEORE<br>FALL AH          |

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SEGNETARY OF STATE.

| Signed this 4 day of December   | <u>2017</u>                            |          |
|---|--|----------|
| Signature of Authorized Representative of Lim   | nited Liability Company:               |          |
| Signature of Authorized Representative: Printed Name: Blair Spencer                             | Title: Member                          |          |
| Signature(s) on behalf of Other Business Entity:  | [See below for required signature(s).] |          |
| Signature: Dlaw Sperce  |  |          |
|   | Title: President                       |          |
| Signature:  |  |          |
| Printed Name:   | Title:                                 |          |
|   |  |          |
| Signature: Printed Name:  | Title                                  |          |
|   |  |          |
| Signature:  |  |          |
| Printed Name:   | Title:                                 |          |
| Signature:  |  |          |
| Printed Name:   | Title:                                 |          |
|   |  |          |
| Signature: Printed Name:  | Title:                                 |          |
|   |  |          |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or                      | OST :                                  |          |
| If Directors or Officers have not been selected, an In  | Cornorator must sign                   |          |
|   | _                                      |          |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.             | ty Partnership:                        |          |
| organizate of one General Partner.  |  |          |
| If Florida Limited Partnership or Limited Liabili<br>Signatures of <u>ALL</u> General Partners. | ty Limited Partnership;                |          |
| Alì others:   |  |          |
| All others:<br>Signature of an authorized person.   |  |          |
| Fees:   |  |          |
| Articles of Conversion:   | <b>\$</b> 25.00                        | Ä        |
| Fees for Florida Articles of Organization:  | \$125.00                               | [[       |
| Certified Copy:   | \$30.00 (Optional)                     | ALLAHASS |
| Certificate of Status:  | \$5.00 (Optional)                      | S        |

Page 2 of 2

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SCORE JARY OF STATE
FALLAHASSEE, FLORIDA
3:9

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company  | is:   |  |
|--|---|--|
| BLACK DIAMO  | ND LIMO, LLC  |  |
| (Must end with the words "Limited Li   | ability Company, "L.L.C.," or "LLC.")   |  |
| ARTICLE II - Address:  |   | !  |
| The mailing address and street address of the  | principal office of the Limited   | Liability Company is:  |
| Principal Office Address:  | Mailing Address:  | •  |
| 3711 Rhine Street  | 3711 Rhine Street   |  |
| Sarasota, FL 34234   | Sarasota, FL 34234  |  |
| ARTICLE III - Registered Agent, Register.  (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the              | gistered Agent. You must designate an in  | it's Signature:<br>dividual or another   |
| Blair Spencer  |   |  |
| Na   | ime   |  |
| 3711 Rhine Street  |   |  |
| Florida street address (P  | O. Box NOT acceptable)  |  |
| Sarasota   | FL 34234  |  |
| City   | Zip   |  |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as | l in this certificate, I hereby acce<br>pacity. I further agree to comply<br>te performance of my duties, and | ept the appointment as<br>with the provisions of all<br>I I am familiar with and |
| XX Agent's \$  | OUULU ignature (REQUIRED)   | F DEC<br>17 DEC<br>SEGRETA   |
| (CONT.   | INUED)  | ILED<br>13 AM 8<br>NRY OF SI<br>SSEE, FLO  |
| Page   | 1 of 2  |  |

| Title:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member   |  |
| "MGR" = Manager<br>AMBR  | Blair Connect  |
| AMBR   | Blair Spencer  |
|  | 3711 Rhine Street Sarasota, FL 34234   |
|  | 00103010,112 04204   |
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| effective date is listed, the date mu  | the date of filing: (OPTIONAL)  ust be specific and cannot be more than five business day  |
| CLE V: Effective date, if other than effective date is listed, the date multiple of filing.)   | the date of filing: (OPTIONAL)   |
| CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.)  | the date of filing: (OPTIONAL)   |
| CLE V: Effective date, if other than effective date is listed, the date multiple of filing.) CLE VI: Other provisions, if any.   | the date of filing: (OPTIONAL)   |
| CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | the date of filing: (OPTIONAL)  ust be specific and cannot be more than five business day  |
| CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem In accordance with section 605.020  | the date of filing:  |
| CLE V: Effective date, if other than effective date is listed, the date multiple of days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem In accordance with section 605.020; onstitutes an affirmation under the pam aware that any false information   | the date of filing:  |
| CLE V: Effective date, if other than effective date is listed, the date must be days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem of a | the date of filing:  |
| CLE V: Effective date, if other than effective date is listed, the date me of days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem of the part  | the date of filing:  |
| CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem In accordance with section 605.020; onstitutes an affirmation under the pam aware that any false information onstitutes a third degree felony as property of the date of the pam aware that any false information onstitutes a third degree felony as property of the date of the date of filing.)  | the date of filing: (OPTIONAL)  ist be specific and cannot be more than five business day  ber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)  Blair Spencer |

ARTICLE IV-