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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	: #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE:
JALLAHASSEE, FLORIDA

JAN 2 9 2018 T SCHROEDER

COVER LETTER

TO: New Filin Division o	g Section of Corporations			
SUBJECT:	JOHN T	Resulting Floridate mitted	Company L	رر
The enclosed Arti Business Entity" i	cles of Conversion A.	wint 60 .	and fees are submitted to con accordance with s. 605, 102	onvert an "Other
Please return all co	orrespondence concerr	ning this matter to:	77. Table 77. 17. 003. 102	+5, F.S.
Devor	(Contact Person)	Son		
120	(Firm/Company) S ANOK (Address)	e Ang		
a) bup	(City, State and Zip Code)	tale also	; ;	
	be used for future annual r			
Name of Cont	act Person)	$\underline{\text{at}}(\underbrace{\text{Area Code}}) \underbrace{\underline{\mathcal{H}}}_{\text{(Dar)}}$	532335 vtime Telephone Number)	
\ <u>/</u>	for the following amou a bank located in the		sed by this office must be pa	iyable 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 ADDRESS New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3220	ons τ Circle	MAILING A New Filing So Division of Co P. O. Box 632 Tallahassee, F	ection Orporations 7	

Tallahassee, FL 32314

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) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the atrached Articles of Organization: Toho
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.

TALLAHASSEE FLORIDA

Signed this day of Dec 20 17
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Title:
Signature(s) on behalf of Other Business Entity: See below for required signature(s)
Signature:
Signature: Title: Title:
Signature: Title:
Signature: Title:
Signature: Printed Name:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fees:

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

John E Fry Touching LLC	,
(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.," or "	
Principal Office Address: Mailing Address: SAME STORE 33870	
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: Name Name Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City Zip	FILED
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	all

(CONTINUED)

Company:	_			
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	NA			
MbR	JOHN FRY	into 2	Q,	
	Sebring Fr	<u>-33</u> °	37	E
(Use attachment if necessary)				
TICLE V: Other provisions, if any.		SECRE IN	18 JAN 2	
			₩	
REQUIRED SIGNATURE:		* STAFE.	AM 9: 38	O
This document is exelcated in accordant	r an authorized representative of a more with section 605,0203 (1) (b). Florida Statutes ument to the Department of State constitutes a tild	ember s I am aware tha	1 1	
< OH	(44			
Т	yped or printed name of signee Filing Fees			
	of Organization and Designation of I			
\$ 30.00 Certified Copy (Optio	nal) \$ 5.00 Certificate of Sta	itus (Optiona	ıl)	

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

ARTICLE IV-