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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: BRULENE, LLC |
| (Name of Resulting Florida.Limited Company) |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning this matter to: |
| Gary Struens |
| BRULENE, LLC |
| (Firm/Company) 1910 Flown Quive |
| Rain Blech Gondins FL 33410 (City, State and Zlp Code) |
| SALES@BRULENE. COM E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| Gary Stevens a1 (845) 634-3335 |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) |
| ☐ \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization) ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees ☐ \$185.00 Filing Fees ☐ |
| STREET ADDRESS: MAILING ADDRESS: |
| New Filing Section New Filing Section |
| Division of Corporations Division of Corporations |
| Clifton Building P. O. Box 6327 |

Tallahassee, FL 32314

2661 Executive Center Circle

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: BRALFNE, LLC. |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC (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 October 23 1995 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BRULENE, LLC |
| (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: Feblo 2018 (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. |
| 18 FEB 20 ALLASANGEEL |

| Signature of Authorized Representat | · — · · · · · · · · · · · · · · · · · · | |
|--|--|-----------|
| Signature of Authorized Representative Printed Name: Gary Stroins | How Leve | |
| Printed Name: GORY 5450885 | Title: Prosident | |
| | The State of the S | |
| Signature(s) on behalf of Other Busine | ess Entity: [See below for required signature(s)] | |
| a Hour Steller | | |
| Printed Name: (Sec. V. Str.) (J.) | Title: Prosident | |
| Printed Name: Other 3 Per (19) | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
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| | Title: Title: | |
| Signature: Printed Name: If Florida Corporation: | Title: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, | Title: | |
| Signature: Printed Name: If Florida Corporation: | Title: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se | Director, or Officer. | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, | Director, or Officer. | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. | Title: Director. or Officer. elected, an Incorporator must sign. nited Liability Partnership: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman. Vice Chairman. If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim | Title: Director. or Officer. elected, an Incorporator must sign. nited Liability Partnership: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. | Title: Director. or Officer. elected, an Incorporator must sign. nited Liability Partnership: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim Signatures of ALL General Partners. | Title: Director. or Officer. elected, an Incorporator must sign. nited Liability Partnership: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman. Vice Chairman. If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim | Title: Director. or Officer. elected, an Incorporator must sign. nited Liability Partnership: | |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim Signatures of ALL General Partners. All others: | Director, or Officer. elected, an Incorporator must sign. nited Liability Partnership: nited Liability Limited Partnership: | 18 |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim Signatures of ALL General Partners. All others: | Director, or Officer. elected, an Incorporator must sign. nited Liability Partnership: nited Liability Limited Partnership: | 18 FE |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman. Vice Chairman. If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: | Director, or Officer. elected, an Incorporator must sign. nited Liability Partnership: nited Liability Limited Partnership: | FE8 / |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: | Director, or Officer. elected, an Incorporator must sign. nited Liability Partnership: nited Liability Limited Partnership: | FE8 / |
| Signature: Printed Name: If Florida Corporation: Signature of Chairman. Vice Chairman. If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner. If Florida Limited Partnership or Lim Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: | Director, or Officer. elected, an Incorporator must sign. nited Liability Partnership: nited Liability Limited Partnership: \$25.00 | FEB 20 AM |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|--|--|
| BRULENE L | LC | |
| (Must contain the words "Limited Liability | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 1910 Flower Drive | SAM | |
| Palm Beech Gardens FL 33410 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Ager red Agent. You must designate an in | nt's Signature: dividual or another |
| The name and the Florida street address of the re | egistered agent are: | |
| GARY Ster | 7610 | |
| Name | | |
| 1910 Flower | Dive | |
| Florida street address (P.O. | | |
| Palm Beich Gordens | FL 33410 | |
| City | Zip | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po accept the obligations of my position as regi | this certificate, I hereby acce ty. I further agree to comply erformance of my duties, and | ept the appointment as with the provisions of all I I am familiar with and |
| Han Al | | 18 5£0 1AU. |
| Registered Agent's Signa | ature (REQUIRED) | FEB 21 ARAGG |
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The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | |
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| LE V: Other provisions, if any. | |
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| REQUIRED SIGNATURE: | · ,• |
| Say St | L |
| Signature of a member or a | an authorized representative of a member |
| This document is executed in accordance any false information submitted in a docur | with section 605.0203 (1) (b), Florida Statutes, I am awnent to the Department of State constitutes a third degre |
| as provided for in s.817.155, F.S. | |
| GA | fry Strums |
| | ned or printed name of signee |
| | Filing Fees |

*Money already sent