# 11800061670

(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

N. SAMS MAR 1 3 2018



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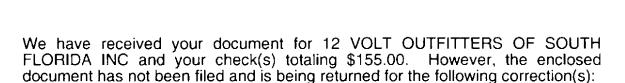
### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2018

JOSHUA SCHLESINGER 5814 HARDING STREET HOLLYWOOD, FL 33021

SUBJECT: 12 VOLT OUTFITTERS OF SOUTH FLORIDA INC

Ref. Number: W18000023775



The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 618A00004963

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PROPERTION
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#### **COVER LETTER**

<b>TO:</b> New Filing S Division of C						
	utfitters Of South Florida l	ıl.C				
SOBJECT.	(Name of Re	sulting Florida Limi	ted Com	npany)	<del></del>	
		-		d fees are submitted to coordance with s. 605.1		i "Other
Please return all corr	espondence concernin	g this matter to:				
Joshua Schlesinger						
	(Contact Person)		_			
12Volt Outfitters Of Sou	ith Florida					
	(Firm/Company)		-			
5814 Harding Street					<u>≥</u> .	<del>-1</del>
	(Address)	•	-		4	<b> →</b>
Hollywood Florida 3302	ī				MUAHASSEE.	8 HAR 13 AM11: 33
(1	City, State and Zip Code)		***			⇒
Josh1912@gmail.com					100 100	
E-mail Address: (to b	e used for future annual re	port notifications)	_		FLORID,	`_ ယ
For further informati	on concerning this ma	tter, please call:			DΑ	(Le
Joshua Schlesinger		at ( <sup>786</sup>	859-3	662		
(Name of Conta	act Person)	(Area Code	(Day	time Telephone Number)	_	
	for the following amou a bank located in the	·	process	ed by this office must b	be payable	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 and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
STREET ADDRES	S:	МАП.	ING A	.DDRESS:		
New Filing Section		New F				
Division of Corporat	ions		_	orporations		
Clifton Building		P. O. I		•		
2661 Executive Cent	er Circle	Tallah	issee I	1 32314		

Tallahassee, FL 32301

#### TO WHOM IT MAY CONCERN

My name is Joshua Schlesinger, Owner of 12Volt Outfitters of South Florida. When creating the sunbiz, I did not realize we mistankingly created a corporation, instead of an LLC. We registered with the IRS as an LLC, as well as our Sales Tax. I ask that you please grant me a request to retroactively convert the Coporation, to an Single Member LLC as of January 1st, 2017. If this cannot be made possible, I will accept the default action, which is stated on the paperwork as "This date will not be listed as the documents effective date on the Department of States Records.

I would really appreciate if this could be made possible. I have included payment for the Conversion.

IF you have any questions, please reach out to me at

Joshua Schlesinger

5814 Harding Street

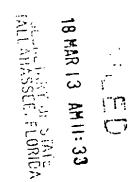
Hollywood FL 33021

786-859-3662



## 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: 12Volt Outfitters Of South Florida INC PWOODS 2175
(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.
First organized, formed or incorporated under the laws of [Florida] (Enter state, or if a non-U.S. entity, the name of the country)
on 10/03/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: 12Volt Outfitters Of South Florida 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.

\$5.00 (Optional)

Certificate of Status:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

12Volt Outfitters Of South	Florida LLC					
(Must co	ntain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Addre The mailing address ar		ne principal office of the Limite	d Liability Company is:			
<u>Principal Office A</u> ddi	ress:	Mailing Address:				
5814 Harding Street		5814 Harding Street				
Hollywood FL 33021		Hollywood FL 33021				
The Limited Liability Compa business entity with an active	iny cannot serve as its own I : Florida registration.)	ered Office, & Registered Age Registered Agent, You must designate an i the registered agent are:				
The Limited Liability Compa- business entity with an active The name and the Flor	ny cannot serve as its own I : Florida registration.) ida street address of t hua Schlesinger	Registered Agent. You must designate an i	ndividual or another			
The Limited Liability Compa- business entity with an active The name and the Flor	ny cannot serve as its own I : Florida registration.) ida street address of t hua Schlesinger	Registered Agent, You must designate an i	ndividual or another			
The Limited Liability Compabusiness entity with an active The name and the Flor  Josi	iny cannot serve as its own F : Florida registration.) ida street address of t hua Schlesinger	Registered Agent. You must designate an i	ndividual or another			
The Limited Liability Compabusiness entity with an active  The name and the Flor  Jos.  581	iny cannot serve as its own I r Florida registration.) rida street address of t hua Schlesinger N	Registered Agent. You must designate an i	ndividual or another  18 MAR 13  [ALLAHASSEE			
The Limited Liability Compabusiness entity with an active  The name and the Flor  Josi  581	iny cannot serve as its own I r Florida registration.) rida street address of t hua Schlesinger N	Registered Agent. You must designate an i the registered agent are: fame  [P.O. Box <u>NOT</u> acceptable)	ndividual or another  18 MAR 13  [ALLAHASSEE			
The Limited Liability Compabusiness entity with an active  The name and the Flor  Josi  581	iny cannot serve as its own In: Florida registration.) ida street address of the hua Schlesinger  Note: Florida street address (Interest address) Interest address (Interest address)	Registered Agent. You must designate an i	ndividual or another			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	Joshua Schlesinger	
		<del></del>
<del></del>		
E V: Other provisions, if any.	:	7
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E. V. Omer provisions, if any.		
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•		77
	LAHASSI	
REQUIRED SIGNATURE:	LAHASSEE.	
•	LAHASSEE, F	OF COLOR
REQUIRED SIGNATURE:	LAHASSEE, FL	
EQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, Cam a ament to the Department of State constitutes a third deg	ج بئي <sub>wa</sub>
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Joshua Schlesinger	r an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes. Can a ament to the Department of State constitutes a third deg	wa 😜
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Joshua Schlesinger	r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, Gan a	wa 🔄