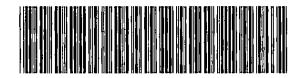
# U8000071781

(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:				





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## **COVER LETTER**

Division of C			
SUBJECT: Menge Er	nterprises, LLC		
30D3EC1	(Name of Res	ulting Florida Limit	ted Company)
			ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
James A. Cramer			
	(Contact Person)		-
James A. Cramer Account	nting		_
	(Firm/Company)		
8012 Hancock St.			
	(Address)		-
Riveview, FL 33578-4-	120		
	City, State and Zip Code)		-
cramer.tax@gmail.com			
E-mail Address: (to b	e used for future annual re	port notifications)	-
For further informati	on concerning this ma	tter, please call:	
James A. Cramer		_at ( <sup>813</sup>	) <sup>671-9148</sup>
(Name of Conta		(Area Code)	(Daytime Telephone Number)
	or the following amou a bank located in the	•	processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
STREET ADDRES	S:	MAILI	ING ADDRESS:
New Filing Section			filing Section
Division of Corporations		Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Cent	er Circle		assee, 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:  Menge Enterprises, Inc. $PO(o - 13) + 36$ .
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Menge Enterprises, Inc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
November 24, 2006
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Menge Enterprises, 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.
18 HAR 16 AM

Signed this 15th day of MARCH	20_/8
Signature of Authorized Representative of Li	imited Liability Company:
Signature of Authorized Representative: Printed Name: James A. Cramer	1 Erm
Printed Name: James A. Cramer	Title: Accountant
Signature(s) on behalf of Other Business Entity	y: [See below for required signature(s)]
Signature: Daniel Menge	3/14/18
Signature:	3-14-18
Printed Name: Nora Menge	Title: AMBR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Lial Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	omty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

18 MAR 16 AH 10: 37

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Menge Enterprises, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited i	Liability Company is:
Principal Office Address:	Mailing Address:	
4210 Brackwood Road Seffner, FL 33584	4210 Brackwood Road Seffner	, FL 33584
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re-	egistered agent are:	
Daniel Menge		
Name		
4210 Brackwood Road		
Florida street address (P.O.	Box NOT acceptable)	
Seffner	FL 33584	
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 capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certificate, I hereby accepty. I further agree to comply berformance of my duties, and distered agent as provided for	pt the appointment as with the provisions of all I am familiar with and
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(CONTINUED)

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Danial Menge			
	4210 Brackwood Road			
	Seffner, FL 33584			
AMBR	Nora Menge			
	4210 Brackwood Road			
	Seffner, FL 33584			
		<u>.</u>		
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(Use attachment if necessary)		1921. 1921.	50	*343*
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RTICLE V: Other provisions, if any.		:7 %	AH io	
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**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

James A. Cramer

Typed or printed name of signee

### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)