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(Requ	iestor's Name)	
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(Docu	ment Number))
Certified Copies	Certificate	s of Status
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COVER LETTER

Division of Corporations	
SUBJECT: LEDREP, LLC	
	esulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:
Harlan L. Paul, Esquire	
(Contact Person)	
Paul, Elkind, Branz & Kelton, P.A.	
(Firm/Company)	
142 E. New York Avenue	
(Address)	
DeLand, FL 32724	
(City, State and Zip Code	
hpaul@paulandelkind.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	natter, please call:
Harlan L. Paul	at (386) 734-3020
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
■ \$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 Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32314

Tallahassee, FL 32301

TO: New Filing Section

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 p Cool Pools by Larry, Inc.	orior to the filing of the Articles of Conversion is:
(Enter Name of Other Business)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partn	ership, general partnership, common law or business trust, etc.)
	Florida
· 05/17/2000	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as LEDREP, LLC	set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability	(Company)
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Departm Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	or filed date nor more than 90 calcular days after
5. The plan of conversion has been approved in accordance	
6. The "Converted or Other Business Entity" has agreed to p which such members are entitled under ss. 605.1006 and	bay any members having appraisal rights the affount to 605.1061-605.1072, F.S.

Signed this 13th day of February	2019
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative of Linux	
Signature of Authorized Representative:	
Printed Name: Cawrence D. Drum 5	Title: Manager
Signature(s) on behalf of Other Business Entity: [
Signature(s) on behalf of Other Business Edity.	ott belon for require any
Signature: Printed Name: President Lairence D D'or	
Printed Name: President Laistone	Title: Volsalla T
Signature:Printed Name:	Title:
Filmed Name.	
Signature:Printed Name:	
Printed Name:	
Signature:	
Printed Name:	
Signature:Printed Name:	Tisla
Printed Name:	THIC
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
_	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LEDREP, LLC		
(Must contain the	ords "Limited Liability Company, "L.1C.," or "L1.C.")	
ARTICLE II - Address:		in Commonstia
The mailing address and stree	address of the principal office of the Limited Liabili	ity Company is.
Principal Office Address:	Mailing Address:	
1640 N. Richland Avenue	1640 N. Richland Avenue	
DeLand, FL 32724	DeLand, FL 32724	
(The Limited Liability Company canno business entity with an active Florida	et address of the registered agent are:	R -5 PM 1:
The name and the Florida stre	et address of the registered agent are:	gnature: MAR - 5 PM
The name and the Florida street Lawrence I	et address of the registered agent are: Drumb Name Name	gnature: MAR -5 PM 1:2 STAFF OF STAFF OF STAFF OF STAFF
The name and the Florida street Lawrence I	et address of the registered agent are: Drumb Name	gnature: MAR -5 PM 1:2 STAFF OF STAFF OF STAFF OF STAFF
The name and the Florida street Lawrence I	et address of the registered agent are: Drumb Name Name	gnature: MAR -5 PM 1:2 STAFF OF STAFF OF STAFF OF STAFF

Having been named as registered agent and to accept service of process for the above stated limited 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 all 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized M	Name and Address:
"MGR" = Manager	emoci
MGR / AMBR	Lawrence D. Drumb
	1980 W. Kentucky Avenue
	DeLand, FL 32720
AMBR	Emily A. Drumb
	1980 W. Kentucky Avenue
	DeLand, FL 32720
(Use attachment if necess	eary)
(Use attachment if necess CLE V: Other provisions, i	
	f any.
CLE V: Other provisions, i	f any.
REQUIRED SIGNATU	RE:
REQUIRED SIGNATU	member or an authorized representative of a member in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware to the Department of State constitutes a third degree fellows.
REQUIRED SIGNATU Signature of a 1 This document is executed any false information submas provided for in s.817.15	member or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware to the document to the Department of State constitutes a third degree fells, F.S.
REQUIRED SIGNATU Signature of a This document is executed any false information subm	member or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware to itted in a document to the Department of State constitutes a third degree fells, F.S.

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

ARTICLE IV-