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| (Re | questor's Name) | |
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| (Address) | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Simmons Enterprise Corp (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: |
| Charlyce M. Simmons (Contact Person) Simmons Enterprise Corp (Firm/Company) |
| (Firm/Company) 5949 Beech mont Blvd (Address) |
| Orlando, F1. 32808 (City. State and Zip Code) |
| Simmons_enterprise@att.net E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: Charlyce Simmons at (407) 808-6882 (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) |
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| STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

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: Simmons Enterprise Corp 94-33166. (Enter Name of Other Business Entity) |
|---|
| 2. The "Other Business Entity" is a |
| 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 April 11, 2014 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Simmons Enterprise UC (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: April 13, 3018. (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. |
| TO APR 16 AH 10 |

| Signed this 13th day of April | 20/& | | |
|---|--|--|--------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: | | |
| Signature of Authorized Representative: Marly Printed Name: Charlyce, M. Simmons | Title: Secretary | _ | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) | | |
| Signature: Along Alivure: Printed Name: Honzo Symmun S | Title: Decoded | - - | |
| Signature: Myse M. Simmus Printed Name: Charlyce M. Simmons | Title: Secretary | - - | |
| Signature: Printed Name: | Title: | _ | |
| Signature:Printed Name: | Title: | | |
| Signature:Printed Name: | | | |
| Signature: Printed Name: | | | |
| Printed Name: | Title: | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | corporator must sign. ty Partnership: | | |
| All others: Signature of an authorized person. | | | |
| Fees: | | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | · 一种 · · · · · · · · · · · · · · · · · · | 18 APR 16 AH 10:48 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| Simmons Enterprise LLC | |
| (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.") | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C | ompany is: |
| Principal Office Address: Mailing Address: | |
| 5949 Belchmont Blvd 5949 Belchmont Blv Orlando, Fl. 32808 Orlando, Fl. 32808 | el |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.) | i re: her |
| The name and the Florida street address of the registered agent are: Alon 20 Simmons | |
| Name | |
| 5949 Beechmont Blvd | |
| Florida street address (P.O. Box NOT acceptable) | |
| <u> Dr lando</u> FL <u>32808</u> City Zip | |
| City Zip | |
| Having been named as registered agent and to accept service of process for the above soliability company at the place designated in this certificate, I hereby accept the apportune registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter | intment as ovisions of al iar with and |
| Registered Agent's Signature (REQUIRED) | 18 APR |
| (CONTINUED) | |

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

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | Charlyce Simmons 5949 Blechmont Blrd Orlando, Fl. 32808 |
| | |
| | |
| | APR |
| (Use attachment if necessary) | |
| RTICLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | J umma Z |
| This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony |
| In Charlyce | M. Simmons ped or printed name of signee |
| (13) | 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)