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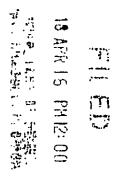
(R	(equestor's Name)	
(A	ddress)	
(Á	ddress)	
(C	city/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nam	ne)
· (E	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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APR 18 2018 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: CADVIN C,	APITAL LL	npany)		
,	Č	•		
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L				
Please return all correspondence concerning	g this matter to:			
GEORGE R. ZOFFING	ER			
(Contact Person)				
(Firm/Company)				
13940 W.11.5Tox (Address)	, WAY			
NAPLES, FL (City, State and Zip Code)	34119			
GZOFFINGER		Com		
E-mail Address: (to be used for future annual re	port notifications)			
For further information concerning this ma	tter, please call:			
GLORUL R. Zoffinger	at (201) Z	o7 1137		
(Name of Contact Person)	(Area Code) (Day	rtime Telephone Number)		
Enclosed is a check for the following amodollars and drawn on a bank located in the		sed by this office must be payable in US		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy	\$\square\$185.00 Filing Fees. Certified Copy. and Certificate of Status		
STREET ADDRESS:	MAILING A	ADDRESS:		
New Filing Section	_	New Filing Section		
Division of Corporations	Division of C P. O. Box 632	•		
Clifton Building 2661 Executive Center Circle		Tallahassee, 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 E	Entity" immediate	ly prior to the fi	ling of the Artic	les of Conversion	is:
CADVIN CA	Name of Other Busin	ess Entity)		- `	
2. The "Other Business Entity" is a (Enter entity type. Example: of the control of the con	Corporation, limited p	LIAIS 1TY partnership, general	partnership, comm	on law or business tru	st, etc.
First organized, formed or incorporate	ed under the laws	of Pana (Enter state, or if a	non-U.S. entity, th	e name of the country)
on Nov 13 2007 (date of organization, formation or incorp	poration)				
3. The name of the Florida Limited L	iability Company	as set forth in the	he attached Art	ticles of Organiza	tion:
(Enter Name of	PITAL L	.در		_·	
(Enter Name of	Florida Limited Liab	ility Company)			
4. If not effective on the date of filing (The effective date: Cannot be prior the date this document is filed by th Note: If the date inserted in this block does not document's effective date on the Department.	r to date of receip te Florida Depar not meet the applicab	ot or filed date i tment of State.	nor more than)	90 calendar days	
5. The plan of conversion has been ap	proved in accorda	ance with all app	olicable statutes.		
6. The "Converted or Other Business E which such members are entitled und				isal rights the amou	int to
				18 APR 15 PH 12:	

Signed this day.ofApa	ML 20 18.	
Signature of Authorized Represent	tative of Limited Liability Company:	
Signature of Authorized Representati Printed Name: George R. Zo	ive: Gent R The Pringen ME	<u> 44</u> 348
	iness Entity: See below for required signature(s)	
Signature: George 7.	Zoff. Man Title: MANING MY MEARS	er.
Signature: Judda G Foffer Printed Name: FUDITL A Z	Offinger Title: MEM BEN	_
Signature:	Title:	
Timed Name.		
Signature:Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Inte:	
Signature:	Title:	
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been s		
If Florida General Partnership or Li Signature of one General Partner.	imited Liability Partnership:	
If Florida Limited Partnership or Li Signatures of <u>ALL</u> General Partners.	imited Liability Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		Ń
Articles of Conversion:	\$25.00	i. i.

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 18 APR 16 PH 12: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
NAPLES FL SAME 34/19
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Grodge R. Zouffinger
Florida street address (P.O. Box NOT acceptable)
NAPILS FL 34119 City Zip
City Zip
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)

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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	GLARGE RZOFINGER 13940 WILLISTON WAY
AmBa	NAPLES, FL 34119
(Use attack mont if management)	***
(Use attachment if necessary)	PA TE
ARTICLE V: Other provisions, if any.	PH DO

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.

CHORGE A. Zoff. wguk

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)