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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 0 5 2018 T SCHROEDER

COVER LETTER

	Filing Sign of C	ection orporations			
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SUBJECT:	Diusii & i	(Name of Res	sulting Florida Lim	ited Con	npany)
/T71 1		·	•		
			-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return	all corre	espondence concernin	g this matter to:		
Rollin McGrail	l				
		(Contact Person)		_	
Brush & Ink Li	LC				
		(Firm/Company)		_	
1894 Grantham	Court				
		(Address)		-	
Wellington, FL	. 33414				
	((City, State and Zip Code)		_	
ROLLIN@RO	LLINMC	GRAIL.COM			
E-mail Add	ress: (to b	e used for future annual re	port notifications)		
For further in	nformati	on concerning this ma	tter, please call:		
Rollin McGrail	I		at (⁵⁶¹)659-1	177
(Name	e of Conta	et Person)	(Area Code) (Day	177 rtime Telephone Number)
		or the following amou a bank located in the	ınt: (All checks		sed by this office must be payable in US
\$150.00 Fili (\$25 for Conve & \$125 for Arti of Organization	rsion icles	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET AI New Filing S Division of C	Section		New F	iling S	ADDRESS: ection Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

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: Brush & Ink Inc
(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 (Enter state, or if a non-U.S. entity, the name of the country)
12/21/2004
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Brush & Ink LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 6/20/8 (The effective date: 1) 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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) 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.

Signed this 18^{+} day of 18^{-}	·
	entative of Limited Liability Company:
Signature of Authorized Represent Printed Name: Rollin McGrail	ative: Rolling MC Title: AMBR
	usiness Entity: [See below for required signature(s)]
Signature: Aclin McCmil	Cfruif Title: P/D
Printed Name: Rollin McGrail	1 itle: P/D
Signature:	
Printed Name:	Title:
Sionature:	
Printed Name:	Title:
Signature	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura-	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairn	nan, Director, or Officer.
	en selected, an Incorporator must sign.
If Florida General Partnership or	Limited Liability Partnership
Signature of one General Partner.	Diffice Diability I arthersing.
If Florida Limited Partnership or Signatures of ALL General Partners	Limited Liability 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

ARTICLE I - Name: The name of the Limited Liability C	ompany is:
The name of the Edithed Eddomy	ompany is.
Brush & Ink LLC	
	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
-	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1894 Grantham Court	1894 Grantham Court
Wellington, FL 33414	Wellington, FL 33414
	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another on.)
The name and the Florida street add	
The fiame and the Phorida street add	ess of the registered agent are.
Rollin McGrail	
	Name
1894 Grantham Co	ırt
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Wellington	FL 33414
	ity Zip
liability company at the place a registered agent and agree to act i statutes relating to the proper an	agent and to accept service of process for the above stated limited esignated in this certificate. I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all discomplete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 605. F.S

(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	
AMBR	Rollin McGrail
	1894 Grantham Court
	Wellington, FL 33414
	T _S
	## <u> </u>
	NS 1
	SER - [
	<u> </u>
	
(Use attachment if necessary)	
	date of filing: 6/1/2018 (OPTIONAL)
ICLE V: Effective date, if other than the	<u> </u>
·	be specific and cannot be more than five business days
90 days after the date of filing.)	Construction of the Constr
ent's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed
on a criconic date on the isopartment of other a	1000143.
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
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.

Rollin McGrail, AMBR

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)