# 118600145087

| (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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|   |
|   |

Office Use Only



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05/03/18--01018--015 \*\*35.00

05/29/18--01037--027 \*\*115.00

18 JUN 13 AM 8: 43
SECRLIARY OF STATE
FALL AHASSEE, FLORIDA

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JUN 1 4 2018 T SCHROEDER

#### **COVER LETTER**

| SUBJECT: A S   | UPERIOR   |   |   |
|--|---|---|---|
|  | (Name of Resu                                     | lting Florida Limited Com                   | pany)   |
|  |   |   | I fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corre  | espondence concerning                             | this matter to:                             |   |
| Michael  | Secter<br>(Contact Person)                        | <u>.</u>                                    |   |
| 436 S 1  | (Firm/Company)                                    | #90   |   |
| ,  | Sea Ch , Sitte and Zip Code)                      | 32174                                       |   |
| E-mail Address: (to be   | pection@ 9MC<br>used for future annual rep        | ort notifications)                          |   |
| For further information  | on concerning this mat                            | ter, please call:                           |   |
| Michael De<br>(Name of Contact   |   | at (386) 27<br>(Area Code) (Days            | ime Telephone Number)   |
|  | or the following amour<br>a bank located in the U |   | ed by this office must be payable in US                                   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | \$155.00 Filing Fees and Certificate of Status    | □\$180.00 Filing Fees<br>and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status          |

MAILING ADDRESS:

New Filing Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

STREET ADDRESS:

New Filing Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

**TO:** New Filing Section Division of Corporations

### **Articles of Conversion**

For

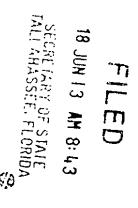
#### "Other Business Entity"

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

| Statutes.  |
|--|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  A SUPERIOR INSPECTION SERVICE INC. 586954  (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a <u>Cosporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of  |
| on io/11/199/ (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| A SUPERIOR TUSPECTION SERVICE ILC. (Enter Name of Florida Limited Liability Company)   |
| 4. If not effective on the date of filing, enter the effective date: 1/1/2018.  (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.   |



| Signed this 80 day of 11 (00)   | 20 <u></u>   |
|---|--|
| Signature of Authorized Representative of Limi  | ted Liability Company:   |
| Signature of Authorized Representative: MICHAFL DEFTER  | Title: PRES  |
| Signature(s) on behalf of Other Business Entity:  | [See below for required signature(s)]                          |
| Signature: Michael DEETER   | 7 Title:   |
|   |  |
| Signature: Printed Name:  | Title:   |
| Signature:Printed Name:   | Title:   |
|   |  |
| Signature: Printed Name:  | Title:   |
| Signature:Printed Name.   | Title:   |
| Signature:  | 70%1   |
| Printed Name:   | THIC:  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | corporator must sign.  |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.   | ty rartnership:  |
| If Florida Limited Partnership or Limited Liabili<br>Signatures of <u>ALL</u> General Partners.                                     | ty Limited Partnership:  |
| All others: Signature of an authorized person.  |  |
| <u>Fees:</u>  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                           | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |  |
|--|--|--|
| A SUPERIOR WSPECTION (Must contain the words "Limited Liability  | Company, "L.L.C.," or "L.L.C.")  | <u>C</u>   |
| ARTICLE II - Address: The mailing address and street address of the pri  | ncipal office of the Limited L   | Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |  |
| 436 S NOVA Rd #90<br>Ormand Beach Fl 32174   | 436 S NOVA<br>ORMOND BEACH   | Rd # 90<br>81.30174  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)   | Office, & Registered Agent ered Agent. You must designate an indi                                | ess Signature: ividual or another  |
| The name and the Florida street address of the re-   | egistered agent are:   |  |
| Michael D.   | ectes  |  |
| Name   |  | _  |
| 436 S No   | ova Rd # 91  | )  |
| Florida street address (P.O.   | Box NOT acceptable)  |  |
| Ormand Beac  | h FL 32174   |  |
| City   | Zip  |  |
| Having been named as registered agent and to<br>liability company at the place designated in<br>registered agent and agree to act in this capact<br>statutes relating to the proper and complete p<br>accept the obligations of my position as reg | this certificate, I hereby acceptive.<br>I further agree to comply verformance of my duties, and | pt the appointment as<br>with the provisions of al<br>I am familiar with and |
| Registered Agent's Sign  | QQ (REQUIRED)  | F<br>SECRE<br>FALL AH  |
| (CONTIN  |  | FILED JUN 13 MM 8: 43 AHASSEE, FLORIDA                                       |
|  | 6  | / <sub>A</sub> ≥ ω   |

| Title:   | Name and Address:  |           |
|--|--|-----------|
| "AMBR" = Authorized Member "MGR" = Manager                                       | Mail I Dogton  |           |
| PRESIDEN/7   | Michael Deeter   |           |
|  | 436 S NOVA Rd #90<br>Ormand Beach F1 32174   |           |
|  | OTHERWAY DEALER FILLION  | ,         |
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| (Use attachment if necessary)  |  |           |
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| CLE V: Other provisions, if any,   | )<br>DRIC  | AM BUT HO |
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|  |  | _         |
|  |  |           |
| REQUIRED SIGNATURE:  |  |           |
| Molace   | ( de le les)   | -         |
| Signature of a member or: This document is executed in accordance                | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the | hat       |
| any false information submitted in a docur<br>as provided for in s.817.155, F.S. | nent to the Department of State constitutes a third degree felo  | on        |
| MICHAFI  | DEETER ped or printed name of signce   | _         |
| Ty   |  | -         |
|  | Filing F <u>ee</u> s   |           |

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

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