L18000/617740

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	:

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COVER LETTER

TO:	New Filing S Division of C				
CHD	IFCT, FINFRO	CK INDUSTRIES, LLC			
SUD	EC1:	(Name of Res	sulting Florida Limi	ted Con	npany)
			•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
STEV	EN J. LOCKHAR	T			
		(Contact Person)		-	
FINF	ROCK ENTERPR	ISES, LLC			
		(Firm/Company)		-	
2400 /	APOPKA BOULE	VARD			
		(Address)		-	
APOP	KA, FLORIDA 32	2703			
· · · · ·	(1	City, State and Zip Code)		-	
SLOC	KHART@FINFR	OCK.COM			
E-r	nail Address: (to b	e used for future annual re	port notifications)	•	
For fu	ırther informati	on concerning this ma	tter, please call:		
STEV	EN J. LOCKHAR	T	at (_ ⁴⁰⁷	293-4	4000
	(Name of Conta	ct Person)	(Area Code	(Day	rtime Telephone Number)
		or the following amou a bank located in the		roces	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I	EET ADDRES Filing Section on of Corporat		New F	ling S	ADDRESS: lection 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.

2 77 601 8	(Enter Name of Other Business Entity)
2. The "Other Bu	isiness Entity" is a
(Enter	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, for	ormed or incorporated under the laws of
NOVEMBER 19	, 1945
(date of organiza	tion, formation or incorporation)
3. The name of the	ne Florida Limited Liability Company as set forth in the attached Articles of Organization:
FINFROCK INDUS	TRIES, LLC
	(Enter Name of Florida Limited Liability Company)
4. If not effective	on the date of filing, enter the effective date:
the date this doc Note: If the date inse	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) erted 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.
	oversion has been approved in accordance with all applicable statutes.

Signed this 28 day of JUNE	20_18
Signature of Authorized Representative of Li	imitch/Liabithy Company:
Signature of Authorized Representative: Printed Name: Donald J. Smyrk	Title: Authorized Person
Signature(s) on behalf of Other Business Entity	<u>y:</u> [See below for required signature(s)]
Signature:	Title: Director
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	or Officer.
If Florida General Partnership or Limited Liab Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	pility Limited Partnership:
All others:	

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

Signature of an authorized person.

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

ARTICLE I - No	ame:	
The name of the	Limited Liability Company	is:
FINFROCK INDUS		
(6	Must contain the words "Limited Liz	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:	
		principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
2400 APOPKA BLA	VD.	2400 ΛΡΟΡΚΑ BLVD.
APOPKA, FL 3270:		red Office, & Registered Agent's Signature:
ARTICLE III - I	Registered Agent, Registe	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - I	Registered Agent, Registe Company cannot serve as its own R n active Florida registration) e Florida street address of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - I The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration) e Florida street address of the STEVEN J. LOCKHART	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - I	Registered Agent, Registe Company cannot serve as its own R n active Florida registration) e Florida street address of the STEVEN J. LOCKHART	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - I	Registered Agent, Registe Company cannot serve as its own R n active Florida registration) E Florida street address of the STEVEN J. LOCKHART No. 2400 APOPKA BLVD.	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - I	Registered Agent, Registe Company cannot serve as its own R n active Florida registration) E Florida street address of the STEVEN J. LOCKHART No. 2400 APOPKA BLVD.	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:

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)

OCK ENTERPRISES, LLC
POPKA BLVD.
IA, FL 32703
· · · · · · · · · · · · · · · · · · ·
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REQUIRED SIGNATURE,

ARTICLE V: Other provisions, if any.

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.

Donald J. Smyrk

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)