# 118000181566

(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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SECKETARY OF STATE
ALL CHASSEE, FLORIDA

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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: GARRETT SOUND & LIGHTING LLC (Name of Resulting Florida Limited Company)
(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:
MICHAEL D WILD (Contact Person)
V To the state of
(Firm Company)
1250 S PINE ISLAND RO, STE 200 (Address)
Pyntation FL 33324 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
MICHAEL WIW at (954) 944 - 2855 (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)
\$150.00 Filing Fees (\$25 for Conversion & \$1155.00 Filing Fees and Certificate of Status)  \$\text{S125 for Articles} \text{ for Articles} \text{ Status}  \$\text{S125 for Articles} \text{ Certificate of Status}  \$\text{S125 for Articles} \text{ Status}  \$\text{S125 for Articles} \text{ S125 for Articles}
STREET ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  MAILING ADDRESS:  New Filing Section  Division of Corporations  P. O. Box 6327  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 Entity" immediately prior to the filing of the Articles of Conversion is:  GARREIT Source & Lighting luc.
GARRETT Sours & LIGHTING INC MOGGE.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GARRETT SOUND & LIGHTING LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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 17 day of Jum	20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Gira III
Printed Name: SHARINE WATKINS	Title: AA ALL T
Trinied Name: SHARANE WATKIVS	Title. MANABER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: SHARONE WATKINS	
Printed Name: SHARONE WATKING	Title: PRESIDENT
Ci matage	
Signature:Printed Name:	Title
rtinted Name.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	O.181
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Directors of Officers have not been selected, an in-	Corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	tv Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All -Ab	
All others: Signature of an authorized person.	
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)
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URLIARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE 1 - Name:</b> The name of the Limited Liability Company is	:	
The hame of the Entired Entirely Company to		
Musi contain the words "Limited Liabili	LIGHTING LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LEC.")	
ARTICLE 11 - Address: The mailing address and street address of the p	orincipal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
7780 NW 55" COURT	2780 NW GS no Fr LANDERDALE FL	Cover
Fr LANDERDAG FL 33309	Fr LANDERDALE FL	33309
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions entity with an active Florida registration.)	ed Office, & Registered Agristered Agristered Agent. You must designate an	ent's Signature: individual or another
The name and the Florida street address of the	registered agent are:	
SHARONE W	ATKIVS	
Nan	ne	
Florida street address (P.0	O. Box <u>NOT</u> acceptable)	
<u>Fr Lauderomi</u> City	FL 33309 Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	in this certificate. I hereby ac icity. I further agree to comp e performance of my duties, a	cept the appointment as ly with the provisions of all nd I am tamiliar with and
Januar		<del>\</del>
	gnaturé (REQUIRED)	FIL 18 JUL 27 SEURE JAHY SELL AHASSE
(CONTI	NUED)	FILED IL 27 MM 9442 ILARY OIL STATE LASSEE FLORIDA

# ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager  MGR  SHARONE WATKIVS  2780 NW 55 Th Court  Fr LANDERDAYE To 33309  AMBR  MRMB 2 LLC  2780 NW 55 Th Court  Fr LANDERDAYE To 33309  (Use attachment if necessary)  ICLE V: Other provisions, if any.  REQUIRED SIGNAPURE:  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.  SHARONE WATKING MANAGERT FOR MEMSER  Typed or printed hame of signice  Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u>	Name and Address:
MGR  SHARONE WATKINS  2780 NW 55 P COURT  Fr LANDERDAME Ft 33309  MRMB 2 LLC  2780 NW 55 P COURT  Fr LANDERDAME Ft 33309  (Use attachment if necessary)  ICLE V: Other provisions, if any.  REQUIRED SIGNAPORE:  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.  HARONE WARKING MANAGERT FOR MEMSER  Typed or printed name of signee  Filing Fees		
Fr LADERDALE & 33309  MRMB 2 LLC 2780 NW 55 " (war Fr LADERDALE & 33309)  (Use attachment if necessary)  REQUIRED SIGNAPERE:  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.  SHARANG MANAGERT FOR MEMSER  Typed or printed name of signec  Filing Fees		SHARONE WATKIYS
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