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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

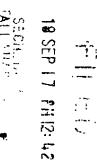
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W18-79521



COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Secondh	land Moving Co. LLC			
SOBJECT:		sulting Florida Limited Co	ompany)	_
			and fees are submitted to accordance with s. 605.	
Please return all corr	espondence concernin	g this matter to:		
Christopher S. Theiser	1			
<u></u>	(Contact Person)			
SecondHand Moving (Co. LLC			
	(Firm/Company)	_		
9299 Picasso St.				
	(Address)			
Spring Hill, FI 34608				
((City, State and Zip Code)			
secondhandmovingco				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Jennifer B. Theisen		_at (<u>920</u>) <u>243</u>	-8315	
(Name of Conta	ect Person)	(Area Code) (D	aytime Telephone Number)	
	or the following amou a bank located in the		ssed by this office must	t be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING	ADDRESS:	
New Filing Section		New Filing		· - 1
Division of Corporat	ions		Corporations	<u> </u>
Clifton Building	o: .	P. O. Box 6		15. IS
2661 Executive Cent Tallahassee, FL 323		Tallahassee	, FL 32314	

Articles of Conversion

فيتتم

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with 8,605,1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Second Hand Moving Co. LLC Second Hand Moving Company LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Common law (Enter entity type, Example: corporation, limited partnership-degeneral partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Finer state, or if a non-U.S. entity, the name of the country)
(Finer state, or if a non-U.S. entity, the mone of the country) on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Second Hand Moving Go. LLG Gener Name of Florida Limited Liability Company (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 locument's effective date on the Department of State's records.
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. 605,1000 and 605,1061-605 1072, F.S.

Signed this 27th day of August	20 <u>18</u>	
6.	· · · · · · · · · · · · · · · · · · ·	
Signature of Authorized Represent	ative of Limited Liability Company:	
Signature of Authorized Population	ve: Charline: Traver Lopera	
Printed Name: ANISTONIA	C They Product Compact I	1
	- The string - Christa to Control	±0:
Signature(s) on behalf of Other Rush	ness Entity: 1500 bulger for conduct at the con-	
() s - +1.		· / 1
Signature:	Theisen_Title: 36fice Manage	
Printed Name: 13 eval 1401	I helsen_ Title: _ Behal Markon	 1:
Signature	₫.	•
Printed Name:	Title:	
	FIGC.	
Signature:		
Printed Name:	Title:	_
Signature:	Fitle:	
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Printed Nume:	Tide:	
Signature:	Title:	
Printed Name:		 .
	,	
If Florida Corporation: Signature of Chairman, Vice Chairman,	Tall	
If Directors or Officers have not been so	Period on Louise against a constitution	
and the second s	needed, an incorporator must sign.	
If Florida General Partnership or Lin	nited Liability Partnership	
Signature of one General Partner.	SHOREY CHOUVERD.	
If Florida Limited Partnership or Lin	olted Liability Limited Partnership:	
Signatures of ALL, General Partners.		
All others:		
Signature of an authorized person.		
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Fres;		₹
		ALT 18
Articles of Conversion:	\$25,00	SEP Chec CAH
Fees for Florida Articles of Org	ganization: \$125.00	١
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	· · ·
		PH 12: 42
	بضنو	2:
		2,

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Second tend Moving Co. LLG Second Hard (Must contain the words "Limited Liability	d Mosting Company LLC.
ARTICLE II - Address:	باست.
The mailing address and street address of the pri	neipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9299 Picnsso St.	9299 Picasso St.
Spring Hill, FI, 34608	Spring Hill Florida
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re-	red Agent. You must dougnate an individual or another
Christopher S. Thelsen	
Name	
9299 Picasso St.	
Florida street address (P.O.	Box NOT acceptable)
Spring Hill	FL 34608
City	FL 34608 Zip
manny company active place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the propositions of t

egistarea 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 partitions of accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Ā	15	Ti	c.	FF	IV.	
13			•		v .	•

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

35%

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR Wanager	Obside the state of	
	Christopher S. Theisen 9299 Picasso St	
	Spring Hill, Ft 34608	
	Spring Hill, FE34608	
MGR	Jennifer B. Theisen	
	9299 Picasso St	
	Spring Hill, FI 34608	
		
	<u></u>	
	·	
		
(Use attachment if necessary)		
		· —
T. F. V. Odkaza a rest		AL SE
LE V: Other provisions, if any.		
		正门
		<u></u>
REQUIRED SIGNATURE:	A	4
	VI A	₽ ;
	$\mathcal{X}_{\mathcal{A}}$	
Signature of a member of a	authorized representative of a mo	
and the second of the second second	nd section 605,0205 (1) (b). Plorida Statutes int to the Department of State constitutes a fi	urd degree felony
		•
as provided for in s.817.155, F.S.	0 -#	
as provided for m s.817.155, F.S.	B. Theisen	
as provided for m.s.817.155, F.S.	d or printed name of signee Filing Fees	-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)