L1800238661

(Requestor's Name)
(Address)
(Address)
(121333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
-

Office Use Only

M. MOON OCT 1 7 2018



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10/02/16--01006--005 **150.00

W18-88272



COVER LETTER

Division of C	orporations				
SUBJECT: Action Ed	quities LLC				
30b31.e r.	(Name of Res	ulting Florida Limi	ted Cor	mpany)	
		_		nd fees are submitted to conceordance with s. 605.10-	
Please return all corre	espondence concernin	g this matter to:			
James Schmidt					
	(Contact Person)		-		Fr m
James A. Schmidt, P.A.					
	(Firm/Company)		-		高岛
742 S. Village Circle					44
	(Address)		_		ï
Tampa, FL 33606					£2
((City, State and Zip Code)		-		
jas@schmidtlawoffice.co	om				
E-mail Address: (to b	e used for future annual re	port notifications)	-		
For further information	on concerning this ma	tter, please call;			
James Schmidt		_at (_813	250-1	3700	
(Name of Conta	ct Person)	(Area Code	(Day	ytime Telephone Number)	
	or the following amou a bank located in the		roces.	sed by this office must be	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:			ADDRESS:	
New Filing Section Division of Corporations		New Filing Section Division of Corporations			
Clifton Building	iona	P. O. F			
2661 Executive Cent	er Circle	Tallah	assec.	FL 32314	

Tallahassee, FL 32301

TO: New Filing Section

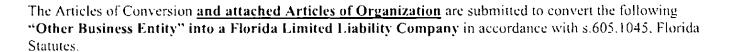
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



Action Equities LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type, Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
01/20/2004 on .
on \frac{01/20/2004}{\text{(date of organization, formation or incorporation)}}.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Action Equities 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 8th day of October	20_18		
Signature of Authorized Representative of Limi	ited Liability Company:		
Signature of Authorized Representative: Printed Name: James A. Schmidt	Title: Authorized Representative		
Signature(s) on behalf of Other Business, Entity:	[See below for required signature(s)]		
Signature:			
Printed Name: James A. Schmidt	Title: Authorized Representative		
Signature:Printed Name:	Tid		
Printed Name:	Title:		
Signature:Printed Name:	77:1		
Printed Name:	title:		
Signature: Printed Name:		,	
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
All others:		-	 ೯ಬ
Signature of an authorized person.			<u></u>
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	£,	EN EN EN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Action Equities LLC	
(Must contain the words "Limited Liability	Company, "L.1C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20380 The Granada	20380 The Granada
Dunellon, FL 34432	Dunellon, FL 34432
The name and the Florida street address of the re-	gistered agent are:
James A, Schmidt, P.A. Name	
742 S. Village Circle Florida street address (P.O.	Boy NOT accentable)
,	 .
Tampa City	FL 33606 Zip
City	ω.p
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
(CONTINU	UED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Kimberly Patzner			
	20380 The Granada			
	Dunellon, FL 34432			
	in the contract of the contrac			
(17)				
(Use attachment if necessary)				
ICLEV OF STATE				
ICLE V: Other provisions, if any.				
<u> </u>				
DEOLIDED CLOSATUDE.				
REQUIRED SIGNATURE:				
5:				
Signature of a member or	ap authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that			
any false information submitted in a docu	iment to the Department of State constitutes a third degree felony			
as provided for in s.817.155, F.S.	ment to the Department of Black Constitutes a tima degree territy			
James A. Schmidt				
Ту	ped 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)