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(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:

Office Use Only



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T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 455077

4983A

AUTHORIZATION :

COST LIMIT : \$ 7150

ORDER DATE: October 22, 2018

ORDER TIME : 10:0 AM

ORDER NO. : 455077-010

CUSTOMER NO: 4983A

DOMESTIC AMENDMENT FILING

NAME: ABARK LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Se Division of Co				
SHRJ	ECT: ABARK I	LLC			
0000			sulting Florida Limit	ed Corr	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Marily	n Adelman				
		(Contact Person)			
Cozen	O'Connor				
		(Firm/Company)		•	
1650 N	Market Street, Suite	2800			
		(Address)		•	
Philad	elphia, PA 19103				
	((City, State and Zip Code)			
lips51	7@comcast.net				
E-r	nail Address: (to be	c used for future annual re	port notifications)		
For fu	orther information	on concerning this ma	tter, please call:		
Marily	n Adelman		_at (²¹⁵	665-7	241
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25 fo	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 Divisi Clifto 2661	EET ADDRESS Filing Section ion of Corporati n Building Executive Center nassee, FL 3230	ons er Circle	New Fi Divisio P. O. B	ling So n of C ox 632	orporations

INHS11 (7/17)

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 o ABARK LLC	f the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partne	rship, 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)
August 29, 2011 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the att	ached Articles of Organization:
ABARK 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 method 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 requirem document's effective date on the Department of State's records.	-
5. The plan of conversion has been approved in accordance with all applicable	le statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members ha which such members are entitled under ss. 605.1006 and 605.1061-605.1072	
	FILED 18 OCT 23 AM 9

Signed this 9th	day of October	20_18
Signature of Author	orized Representativ	e of Limited Liability Company:
Signature of Author Printed Name: Barbar	rized Representative: ra Freedman	Title: Member
Signature(s) on beh	alf of Other Business	Entity: [See below for required signature(s)]
Signature:	ELOS)	
Printed Name: Mark	Avart	Title: Member
Signature:	adu Guzit	
Printed Name: Abbe.		Title: Member
Signature:	bace Freedom	
Printed Name: Barbar	ra Freedman	Title: Member
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpora	tion:	
	an, Vice Chairman, Di	rector, or Officer. ted, an Incorporator must sign.
		-
If Florida General Signature of one General	Partnership or Limite	d Liability Partnership:
Signature of one Ger	iciai raitiici.	
If Florida Limited I Signatures of ALL C		d Liability Limited Partnership:
All others: Signature of an author	orized person.	
Fees:		
Articles of C	Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
ABARK LLC		
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
2109 Club Lake Drive	2109 Club Lake Drive	
Orange Park, FL 32065	Orange Park, FL 32065	
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.)		
The name and the Florida street address of th	e registered agent are:	
Marvin D. Walker III		
Na	me	
2109 Club Lake Drive		
	O. Box NOT acceptable)	
Orange Park	FL 32065	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept active. I further agree to comply with performance of my duties, and I degistered agent as provided for in	the appointment as the the provisions of all am familiar with and Chapter 605, F.S
(CONT)	INUED)	8 0CT 23 A

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Barbara Freedman

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						
AMBR	Mark Avart					
	840 Roscommon Rd.					
	Bryn Mawr, PA 19010					
AMBR	Abbe Avart					
	840 Roscommon Rd.					
	Bryn Mawr. PA 19010					
AMBR	Barbara Freedman					
	616 Cedar Lane					
	Villanova, PA 19085					
			<u>*</u>			
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(Use attachment if necessary)		<u> </u>		٠.,		
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ADTICLE W. Other manifeless if and		<i>₹</i> 5.	\$	•		
ARTICLE V: Other provisions, if any.		<u> </u>	70			
 						
		V.				
REQUIRED SIGNATURE:						
A Z						
	LÉMEN, MEMBER					
Signature of a member or	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 t					
I his document is executed in accordance any false information submitted in a docu-	with section 605.0203 (1) (b). Florida Statinent to the Department of State constitutes	utes. I am aware th	iat mv			
as provided for in s.817.155, F.S.	nem to the department of State constitutes	a annu degree lele	niy			

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)