118000249018

(Re	equestor's Name)	<u> </u>
(Ac	ldress)	
(Ac	idress)	
(Ĉi	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;
	Office Use Onl	V



100319812431

10/23/18--01010--027 **180.00

18 OCT 23 AM IO: 38
SALE FRANCES

OCT 2 5 2019 T SCHROEDER

COVER LETTER

Division of C	orporations			
SUBJECT: Onerestor	re, LLC			
	(Name	of Resulting Florida L	imited (lompany)
				fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Please return all corre	espondence concernir	ng this matter to:		
Tommy D. Permenter, Jr	., Esquire			
	(Contact Person)			
The Permenter Law Firm	n. P.A.			
	(Firm/Company)	, 		
2201 S.E. 30th Avenue, 5	Suite 202			
	(Address)			
Ocala, Florida 34471				
	City, State and Zip Code)			
Tommy@Permenterlaw.	com			
E-mail Address: (to b	e used for future annual re	eport notifications)		
For further information	on concerning this ma	ntter, please call:		
Tommy D. Permenter, Jr	Esquire	at ()_	522-181	I.
(Name of Conta	ct Person)	(Area Code)	(Daytin	ne Telephone Number)
Enclosed is a check f	or the following amo	unt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180,00 Filing Fo and Certified Copy	(□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILIN	G AD	DRESS:
Registration Section		Registrat	ion Sec	ction
Division of Corporati	ons			porations
Clifton Building 2661 Executive Cent	er Circle	P. O. Bo: Tallahass		
Tallahassee, FL 3230		randias	сс, г г.	. 52517

TO: Registration Section

Articles of Conversion

For

"Other Business Entity"

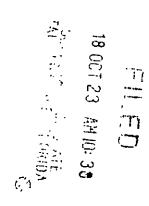
Into

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: Onerestore Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type, Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
August 31, 2012 (Enter state, or if a non-U.S, entity, the name of the country) (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
B. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Onerestore, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the
late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late listed in the attached Articles of Organization, if an effective date is listed therein.) 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

Page 1 of 2



Signed this 18th day of October	20_18			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative:	Vihilly	_		
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]			
Printed Name: Michael J. Farrell, II	Title: President	- -		
Signature:		_		
Signature: Printed Name:	Title:	-		
Signature:Printed Name:	Title:	<u>-</u>		
Signature:Printed Name:	Title:	<u>-</u>		
Signature: Printed Name:	Title:	-		
Signature:Printed Name:	Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
<u>Fees:</u>		A.S.	1 8	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		007 23 AMIO: 38	FILED
	Page 2 of 2	E STATE OF THE STA	 ယ ငစ	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Onerestore, LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
1540 S.W. 5th Avenue	1540 S.W. 5th Avenue	
Suite 101	Suite 101	
Ocala, Florida 34471	Ocala, Florida 34471	
business entity with an active Florida registration.) The name and the Florida street address of the	e registered agent are:	
Michael J. Farrell, II		
Na	me	
3940 S.W. 58th Avenue		
Florida street address (P	.O. Box NOT acceptable)	
Ocala	FI, 34474	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as the Registered Agent's Signature.	In this certificate, I hereby acceracity. I further agree to comply the performance of my duties, and registered agent as provided for ignature (REQUIRED)	ept the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S
Page		TLED

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Michael J. Farrell, II	
WCIK	3940 S.W. 58th Avenue	
	Ocala, Florida 34474	
	Ocala, Fiorida 54474	
		
		
		
 		
		
(Has attaches and if a common of		
(Use attachment if necessary)		
ADTICLE V. Effection data (Costs on them st.	a data = C Clima	ASSESSED AND A LONG
ARTICLE V: Effective date, if other than the	e date of fifting:	(OPHONAL)
(If an effective date is listed, the date must	be specific and cannot be more than	nve business days prio
to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet	the applicable statistical tiling manifesticate skill	o dan sanith was barting at a sat
document's effective date on the Department of State	's records.	• •
,		<u> </u>
ARTICLE VI: Other provisions, if any.		
•		7. 7
		<u> </u>
		- Ti
		
REQUIRED SIGNATURE:	\sim \sim \sim \sim	
RECORED MONATORE.	1/1/4/7////	$\pm : \omega$
	1/	(7) Co
		
	r or an authorized representative of a	
I am aware that any false inform	ecordance with section 605,0203 (1) (b), Florida nation submitted in a document to the Departme	a Statutes.
constitutes a third degree felony	as provided for in \$.817.155. F.S.	in vi rate

Michael J. Farrell, II

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) Page 2 of 2