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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

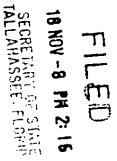
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COVER LETTER

New Filing Section
Division of Corporations

TO:

SUBJECT: 14 R DOT BUD	tero, LLC		
(Name of Res	sulting Florida Limited Con	npany)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li			
Please return all correspondence concernin	g this matter to:		
Robin Adkino		- ₩	
(Contact Person)		ECRE LLAY	
(Firn/Company)		ASA & C	
3534 shadecrest Rd		ARY OF ST	
(Address)		7.0 7. 0	
Land O Lakes Fl 3+ (City, State and Zip Code)	1639	PAIR TAIR	
rla 8558@ amail. com E-mail Address: (to bused for future annual re	port notifications)		
For further information concerning this ma	tter, please call:		
Robin Adkino (Name of Contact Person)		Atime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	•	sed by this office must be payable in US	
\$150.00 Filing Fees and Certificate of Status of Organization)	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING A	ADDRESS:	
New Filing Section	New Filing Section		
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

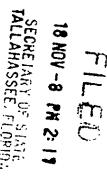
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Florida Limited Liability Company

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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1. The name of Other Business Entity 1. The n
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on \(\cdot\cdot\cdot\cdot\cdot\) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
JAR Dust Busters LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 6.1.30\8. (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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



	•
Signed this 5 ab day of June	_ 20 <u>_ 18</u>
Si Authorized Domes Atativa of Limi	ted Liebility Company
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Rol Printed Name: Rob. A L. Ad. Vi. 25	m à Odleno Tille: <u>Pres deat</u>
Signature(s) on behalf of Other Business Entity:	See below for required signature
Signature: John W. Adkins Printed Name: John W. adkins	
Printed Name: John W. QdKins	_ Title: Vice President
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	and it
Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	1 fac
Signature:	T'A.
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	Officer.
If Directors of Officers have not occur scienced, and if	eorporator mast sign.
If Florida General Partnership or Limited Liabil	itv Partnership:
Signature of one General Partner.	
if Ftorida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)

FILED

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Must contain the words "Limited Liability 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:
2534 Shadecrept Rd Land O Lakes Fl Land O Lakes Fl 34639
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Robin Adkins Name
Florida street address (P.O. Box NOT acceptable)
Land O Laveo FL 34639 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered 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 position as registered agent as provided for in Chapter 605, F.S.
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR AMB (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: 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. Jahn W. Adkins
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)

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

ARTICLE IV-