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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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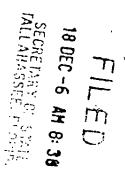
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#### **Filing Cover Sheet**

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 12/6/2018

Trans#: 1018593

### Entity Name: BOOK WAREHOUSE OF ELLENTON, FL, INC. (FL) CONVERTINGS INTO BOOK WAREHOUSE OF ELLENTON, FL, LLC (FL)

Articles Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Gonversion (XX)	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	

STATE FEES PREPAID WITH CHECK#1364\_FOR \$180.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ( ) Good Standing ( )

Certificate of Fact ( )



Phone: 855-498-5500

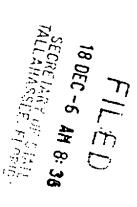
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## Articles of Conversion For "Other Business Entity" Into

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 s.605.1045, Florida Statutes.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Book Warehouse of Ellenton, FL, 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.
(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)
05/11/2017
05/11/2017 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Book Warehouse of Ellenton, FL, 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 30th day of November	20_18
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature: AL o'Corner Printed Name: Pst o'Corner	Title: President
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability 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.	
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)

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Book Warehouse of Ellenton, FL, LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5241 Factory Shops Blvd., Box 8	10267 Kingston Pike
Ellenton, FL 34222	Knoxville, TN 37922
ARTICLE III - Registered Agent, Registered (The Limited Limbility Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate on individual or another
Capitol Corporate Services, In	nc.
Name	
515 East Park Avenue, 2nd F	t
Florida street address (P.O	). Box <u>NOT</u> acceptable)
Taliahassee	FL 32301
City	Zip
Having have wound as pagistanad agast and t	o accept service of process for the above stated limit

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)

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SECRETARY OF STATE

4.

Title:  "AMBR" = Authorized Member  "MGR" = Manager  MGR  American Book Co.  10267 Kingston Pike  Knoxville, TN 37922   (Use attachment if necessary)  CLE 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.  Patrick C. O'Connor, on behalf of American Book Co., sole Manager and sole Member  Typed or printed name of signce  Fiting Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered \$30.00 Certificate of Status (Optional)  \$5.00 Certificate of Status (Optional)		Name and Address:
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