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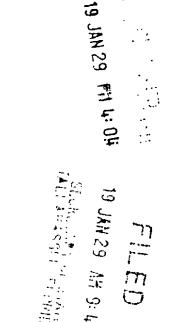
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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		•	Courier

Articles of Conversion

For

"Other Business Entity"

Into

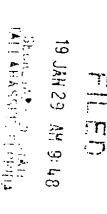
Florida Limited Liability Company

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.

27TH STREET SERVICE CENTER, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
04/04/1988 011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
27TH STREET SERVICE CENTER, 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 31 day of December	20_18			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative: Carla Printed Name: Carla DeLoach	A. DeLoach Title: Authorized Representative	_		
Signature(s) on behalf of Other Business Entity: [S				
Signature: William Ligato	Title: President	- 		
Signature:Printed Name:				
Signature:Printed Name:	Title:	 		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	_ Title:	- -		
Signature: Printed Name:	_ Tide:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.		SLOK [ALL A	زل 19	
<u>Fees:</u>		22.00 (Pr D) (のよう のです	JAN 29	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TE TO GRADE	84:6 44	· つ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	, in:	
The name of the Limited Liability Company	y 15.	
27TH STREET SERVICE CENTER, LLC		<u> </u>
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
901 West Michigan Street	901 West Michigan Street	
Orlando, Florida 32805	Orlando, Florida 32805	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
William Ligato		
7	lame	
901 West Michigan Street		
Florida street address (P.O. Box NOT acceptable)	
Orlando	FL 32805	
City	Zip	
	ed in this certificate, I hereby ac apacity. I further agree to comp lete performance of my duties, a	ecept the appointment as ply with the provisions of all and I am familiar with and

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	WCW-us Livers	
MGR	William Ligato	
	901 West Michigan Street Otlando, Florida 32805	
	Offando, Plorida 32803	
MGR	Carmello W. Ligato	
	901 West Michigan Street	
	Orlando, Florida 32805	
MCD	David L. Linnen	
MGR	David J. Ligato 901 West Michigan Street	
	Orlando, Ftorida 32805	—
	Offando, Pforida 32803	
MGR	Christine Gothrie	
	901 West Michigan Street	
	Orlando, Florida 32805	
	· ·	
(Use attachment if necessary)		1 9
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CI.E V: Other provisions, if any.		. , 29
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REQUIRED SIGNATURE!	- A B	81
7.	4	~
Um Dia	$\mathcal{A}_{A}}}}}}}}}}$	
	an authorized representative of a member	
This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes, I am awa	ire that
any false information submitted in a docu as provided for in \$.817.155, F.S.	iment to the Department of State constitutes a third degree	: iclony
William Ligato		
T.	yped or printed name of signec	

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)