# L19000033642

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEF ET STATE

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FEB 1 1 2019

K. Brumbley

### **COVER LETTER**

Tallahassee, FL 32301

## 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.

CinMar Unlimited, L.L.C. (Enter Name of Other Business Entity)	
(canol rante at other parameter)	
2. The "Other Business Entity" is a _ Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of <u>Michigan</u>	
(Enter state, or if a non-U.S. entity, the name of the country)	
on November 24, 1993	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
CinMar Unlimited, 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 22 day of January	_20 <u>19</u>
Signature of Authorized Representative of Limit	
	11//
Signature of Authorized Representative:	
Printed Name: Christopher Brandt	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: MAB Hole	
Printed Name: Mark B. Pentelost	Title: Member
Signature:	
Printed Name:	Title:
Signature:	mil .
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature: Printed Name:	Title
Timee (vanie.	Title.
Signature:	
Signature: Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:
Signature of one General Faither.	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All athony	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	mited Liability Company	is:		
CinMar Unlim				
(Mu	st contain the words "Limited Lial	bility Company, "I	.L.C" or "LLC.")	
ARTICLE II - Ad The mailing addres	dress: s and street address of the	principal off	ice of the Limited	Liability Company is:
Principal Office A	ddress:	<b>Mailing</b>	Address:	
908 Riverside D	rive	908 Riv	erside Drive	
Pałmetto, FL 34	221	Palmet	io, FL 34221	
	<del> </del>			<del></del>
(The Limited Liability Co business entity with an	egistered Agent, Registe ompany cannot serve as its own Roactive Florida registration.)  Florida street address of the Timothy M. Seat	egistered Agent, Y	ou must designate an inc	it's Signature: Jividual or another
		ame		
	908 Riverside Drive			
	Florida street address (F	P.O. Box <b>NO</b>	cacceptable)	
	Palmetto,	FL	34221	
	City		Zip	
liability comp registered agent statutes relating	ned as registered agent an any at the place designate and agree to act in this cap to the proper and comple ligations of my position as	d in this certifi pacity. I further te performance	cate, I hereby acce or agree to comply se of my duties, and	pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

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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 — Manager	Christopher Brandt
	908 Riverside Drive
	Palmetto, FL 34221
<del></del>	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
EL V. Other provisions, it may.	
<del>- ·</del>	
REQUIRED SIGNATURE:	
ma 1 2 D	11
11/1 13 Jet	6.T
Signåture of a member or	r an authorized representative of a member
This document is executed in accordance any false information submitted in a document.	e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for
as provided for in s.817.155, F.S.	union to the Department of State Constitutes a time degree to
Mark B. Pentecost, Member	

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)