L19000051922

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

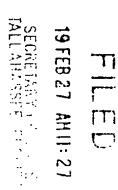
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W14-7998



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2019

DIANE PULLIN 9085 BARRISTER CT JACKSONVILLE, FL 32257

SUBJECT: TOMAHAWK TRIM, INC.

Ref Number: W19000007998



We have received your document for TOMAHAWK TRIM, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 819A00003090

P130000 76108 TN 0475 30071cc \$150

COVER LETTER

TO: New Filing Section Division of Corporations	
·	Ahawk Trim LLC
	esulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:
DIAINE Pullin (Contact Person)	SECRETARILI 27
TAXACCT LLC	
(Firm/Company)	
9085 BARRISTER (Address)	<u>ct</u>
JAckson Ville, FL (City, State and Zip Code)	32257
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	atter, please call:
DiAne Pullin	at (904) 333-8689 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \text{\$150.00 Filing Fees} \text{and Certificate of Status} \$\$ \$ \$150.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

D1300071

Articles of Conversion

For

"Other Business Entity"

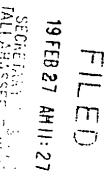
Into

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, Floric Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S-CORPORETION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
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 9/16/2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Tomahawk TRIM 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 4th day of February	2019
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Marshall D Kervun JR	Mile: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity:	- · · · · · · · · · · · · · · · · · · ·
Signature: Marshall D Kervin JR	
Printed Name: MArshall DKervin JR	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office	Address:	Mailing Address:	
9085 BAG	rister Ct	POBOX 351764	
JACKGO	7011/e,FL 30257	JACKSONVILLE, FL	3 = -
he name and the	Florida street address of the	registered agent are:	12 SE
he name and the	MARSHALL	- D Kerlin JR	TALL AIR
he name and the	MARSHALL Nan	D Kerlin JR	TALL PHYSE
The name and the	MARSHALL	D Kerlin JR	TALL ALL SEER
The name and the	MARSHALL Nan 9085 BARR	D Kerlin JR	TALL PHILESER
The name and the	MARSHALL Nan 9085 BARR	D Kerlin JR ne ister Ct	TALL AHASSET

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	R	T	I	~	T	F	I	V	_
/ 1	1.							•	_

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARSHALL DKervin JR. 9035 BARRISTUR CF JACKSONVIlle, EL 32257
(Use attachment if necessary)	
LE V: Other provisions, if any.	CATE STATE OF THE PARTY OF THE
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member

Typed or printed name of signee

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)