11900097956

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	-		
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:	7		
W19-37092			

Office Use Only



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SECRETARY OF STATE

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	4/12/2019	× 111
		Acc#I20160000	072 W: C >> W
Name:	K2 PAR	TNERS, INC - AZZ PO	OWDER COATING - TAMPA LLC
Document #:			TAMI A LLC
Order #:	1160867	5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destinatio	on:
Filing: 🗸	Certifie Plain: COGS:	ed: 🗸	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoun	t:\$ 180.00	

Thank you!

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: AZZ Powder C	Coating - Tamna LLC
Source (S	ame of Resulting Florida Limited Company)
The enclosed Articles of Conversi Business Entity" into a "Florida L Please return all correspondence of	ion, Articles of Organization, and fees are submitted to convert an "Other imited Liability Company" in accordance with s. 605.1045, F.S. concerning this matter to:
(Contact Per	son)
(Firm/Comp	any)
(Address	s)
(City, State and	Zip Code)
E-mail Address: (to be used for future	re annual report notifications)
For further information concerning	
(Nume of Contact Person)	at () (Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow dollars and drawn on a bank local	ving amount: (All checks processed by this office must be payable in US
S150.00 Filing Fees (S25 for Conversion & S125 for Articles of Organization) S150.00 Filing Fees and Certifica Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

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.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: K2 Partners, 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.)
Fii	st organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on	05/02/2011 (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AZZ Powder Coating - Tampa LLC
	(Enter Name of Florida Limited Liability Company)
(T th No	If not effective on the date of filing, enter the effective date: he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.

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Signed this	day of	_ 20;
	thorized Representative of Limi	
Simpture of Aut	horized Representative:	TON (). I belev
Printed Name: J A	RAD Mackey	Title Secretory
	· 1	Ψ
Signature(s) on l	nehalf of Other Presiness Entity:	See below for required signature(s)]
Signature:	Jan V. Wocke	
Printed Name: 11	AND P. Mackey	7 Title: Scare fall
	7	
Signamre:	<u> </u>	<u> </u>
Printed Name:		Title:
Signature.		
Printed Name:		Trile:
Samutar		
Printed Name		Fitter
· ///// / / / ////// / / / / / / / / /	· · · · · ·	
Signature:	·	
Printed Name:		Title:
Signature:		
Printed Name:		Title:
16 Blacks Come	amost and	
If Florida Corpo	man, Vice Chainnan, Director, or	Officer
If Directors or Of	licers have not been selected, an In	comorator must sign.
If Florida Gener	al Partnership or Limited Liabili	ty Partnership:
Signature of one		
	ed Partnership or Limited Liabili	ty Limited Partnershin:
Signatures of AL	L. General Partners.	
All others:		
Signature of an ac	uthorized nerson	
gmattix or air in	in the fact which	
Fees:		
Articles	of Conversion:	\$25.00
Fees for l	Florida Articles of Organization:	\$125.00
Certified		\$30.00 (Optional)
Certificat	ie of Status:	\$5.00 (Optional)

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SCHWEIARY OF STATE
FATH MINSSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Na				
The name of the L	imited Liability Company	is:		
	AZZ Powder Coating - 7	Tampa LLC		
():	ust contain the words "Limited Lic	shility Company, '	L.L.C.," or "LLC."	ົງ
ARTICLE II - A	ddress:			
The mailing addre	ess and street address of th	e principal of	fice of the Lim	ited Liability Company is:
Principal Office	Address:	Mailing	Address:	
3100 W. 7th St	reet, Suite 500			
Fort Worth, T.	× 76107			
(The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.) Florida street address of t	egistered Agent.	ou must designate	
	C T Corporation System	1		
	И	ame		
	1200 South Pine Island	Road		
	Florida street address (P.O. Box <u>NO</u>	T acceptable)	
	Plantation	FL	33324	
	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..

Michael Jones - Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APR 12 AM 10: 2

Title: "AMBR" - Authorized Member "MGR" - Manager AMBL	Name and Address: AZZ Acquisition Sub. 1.1.C		
	-		
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:). Mackey		
This document is executed in accordance	an authorized regresentative of a member ewith section 602-9603 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree fellony		
Tara D. Ma			
Ty	ped 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-

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