

L19000152657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

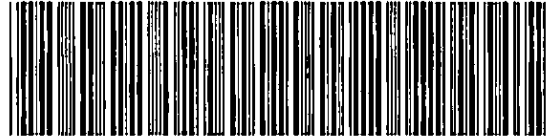
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300328445473

04/29/19--01014--008 **185.00

W19-44829

2019 JUN -7 PM 4:17

19 JUN 18 AM 10:06

STATIONER'S COPY
GIVEN TO REQUESTOR

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MISSING LINK LLC.
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

SHARON BOATRIGHT

(Contact Person)

(Firm/Company)

6550 78th Ave N

(Address)

PINELLAS PARK, FL 33781

(City, State and Zip Code)

sharon.b@missinglnk.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

SHARON BOATRIGHT

(Name of Contact Person)

at (303) 489.9984

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter Number: 919A00009225

Catherine,

Please find enclosed your letter and our filing requesting conversion of Black Star Industries, LLC (Colorado) to Black Star (Florida).

If I need to do anything further, please advise.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "SHARON BOATRIGHT". The signature is written in a cursive, slightly stylized font.

Sharon Boatright

(630) 457-6286
sharon.b@missinglnk.com

Temporary mail address:
1351 S Riverview Dr
Hanover, IN 47243



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

SHARON BOATRIGHT
6550 78TH AVE N
PINELLAS PARK, FL 33781

SUBJECT: MISSING LINK LLC
Ref. Number: W19000044829

19 JUN 18 AM 10:06
SECRETARY OF STATE
CORPORATION DIVISION

We have received your document for MISSING LINK LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L16000112628.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00009225

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

RECEIVED
DIVISION
19 JUN 18 AM 10:06

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:

BLACK STAR INDUSTRIES, LLC

(Enter Name of Other Business Entity)

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 Colorado
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/19/2008
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

~~MISSING LINK LLC~~ BLACK STAR

(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 27 day of APRIL 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: SHARON BOATRIGHT Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: SHARON BOATRIGHT Title: MANAGER

Signature: [Signature]
Printed Name: ALAN BOATRIGHT Title: MANAGER

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

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 - Name:

The name of the Limited Liability Company is:

~~MISSING LINK LLC.~~ BLACK STAR LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6550 78th Ave N
PINELLAS PARK, FL
33781

Mailing Address:

6550 78th Ave N
PINELLAS PARK FL
33781

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SHARON BOATRIGHT

Name

6550 78th Ave N

Florida street address (P.O. Box **NOT** acceptable)

PINELLAS PARK FL 33781

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

SHARON BOATRIGHT

6550 78th Ave N

PINELLAS PARK, FL 33781

ALAN BOATRIGHT

6550 78th Ave N

PINELLAS PARK, FL 33781

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

SHARON BOATRIGHT

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SHARON BOATRIGHT

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)

19 JUN 18 AM 10:05
STATE OF FLORIDA
DEPARTMENT OF STATE