L19000160934

(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
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THILED

CT CORP

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

6/27/2019

Da	te: 6/27/2019 W: Acc#120160000072
	Acc#120160000072
Name:	NATIONAL AUTO PARTS WAREHOUSE, INC.
Document #:	
Order #:	11899211 LINE 5
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🚺	Certified: ✓ Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00
	(Thank you!)

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 Artic National Auto Parts Warehouse, Inc.	eles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	ion law or business trust, etc.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the	ne name of the country)
June 27, 1991	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	ticles of Organization:
National Auto Parts Warehouse, 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 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 document's effective date on the Department of State's records.	90 calendar days after
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 apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	
	ITALEED

Signed this 27th day of June	20 19
Signature of Authorized Representative of Li	. 11 2
Signature of Authorized Representative: Printed Name: Laurence Pacey	Title: President
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature:	
Signature: Sylve A Printed Name: Laurence Pacey	Title: President
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	litle:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an	or Officer. Incorporator must sign.
If Florida General Partnership or Limited Liab Signature of one General Partner.	oility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
Eees:	
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)

JUN 27 PM 3:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

nny, "L.L.C.," or "LLC.")	
l office of the Limited Liability Comp	any is:
ling Address:	
50 NW 32 Ave.	
ni, Florida 33167	
re, & Registered Agent's Signature: ent. You must designate an individual or another	
red agent are:	
NOT acceptable)	
L 33167	•
Zip	
ot service of process for the above stated ertificate, I hereby accept the appointm wither agree to comply with the provisionance of my duties, and I am familiar with agent as provided for in Chapter 605, (REQUIRED)	ent as ons of all rith and
. ((REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	NAPW Holdings, Inc.
11.73.54	11150 NW 32 Ave.
	Miami, FL 33167
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
(Use attachment if necessary)	

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.

Laurence Pacey

REQUIRED SIGNATURE:

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)