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N CULLIGAN

COVER LETTER

Division of Co	orporations	, A	
SUBJECT: <u>Re</u>	finery Mu	mbox Una	2 LC
	(Name of Res	uiting riorida Limited Com	pany)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Samuel	Robert	S	
Refinen	(Contact Person)	r One	
840 Sh	(Hirm/Company)	eet - Suit	e 7
Cape Co	Val FL	33991	
	ity. State and Zip Code)	berone con	n
E-mail Address: (to be	used for fu <mark>lur</mark> e annual rep	port notifications)	
For further informatic	on concerning this mat	ter, please call:	
Samuel (Name of Contact	loberts et Person)	at (434) $\%$ (Area Code) (Days	SZ CA27 time Telephone Number)
	or the following amous a bank located in the t		ed by this office must be payable in US
\$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	S:	MAILING A	DDRESS:

New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

New Filing Section

May 23, 2019

SAMUEL ROBERTS 840 SW 4TH STREET, SUITE 7 CAPE CORAL, FL 33991

SUBJECT: REFINERY NUMBER ONE LLC

Ref. Number: W19000050143

We have received your document for REFINERY NUMBER ONE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Letter Number: 819A00010473

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

FILED

19 JUL 12 AM 11: 32

Articles of Conversion
For

"Other Business Entity"
Into

SECRETANY OF STATE TALLAHASSEE, FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Refinery Number One LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Virginia (Enter state, old a non-U.S. entity, the name of the country)
on (Enter state, oldf a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Reference V Number De LLC (Enter Name of Florida Limited Liability Company)
(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 day of	20
Signature of Authorized Representative of Symi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Samuel Roberts	Title:Co-OWNLY
Signature(s) on behalf of Other Business Entity:	
Signature: My Lt Printed Name: Koro y Kurt	Title: CO-DWUON
Signature:Printed Name:	Tale
rrinted Name:	title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 - Nat			
The name of the L	imited Liability Company	'is:	
Ref	inery Number	bility Company, "L.L.C.," or "L.L.C."	
\	on committee the world by the blue	omy company, make to take.	
ARTICLE II - Ac			
The mailing address	ss and street address of the	e principal office of the Limite	d Liability Company is:
Principal Office A	Address: Ab Suite 7	Mailing Address:	St. Suite 7
Cape Caral	FL 33991	Cape Coral, FL	334
(The Limited Liability Cobusiness entity with an	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.) Florida street address of th	red Office, & Registered Age egistered Agent. You must designate an me registered agent are:	ent's Signature: individual or another TALLATE
	Registered Agents,	Inc.	表示一
	Na	ame	ILED 12 AV ASSEE.
	7901 4th St N STE	300	
	Florida street address (F	P.O. Box NOT acceptable)	AM II: 32 EE FLORID
	St. Petersburg	FL 33702	IDA 2
	City	Zip	
liability comp	any at the place designated	d to accept service of process fo d in this certificate, I hereby acc pacity. I further agree to compl	cept the appointment as

Registered Agent's Signature (REQUIRED)

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)

De vie	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member This document is executed in accordance will 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. Samuel Roberts Typed or printed name of signee		Koran Kurt
(Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member This document is executed in accordance will 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. Samuel Roberts Typed or printed name of signee		284 CSW 5th Pl Cape Coral, FL 33914
(Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member This document is executed in accordance will 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. Samuel Roberts Typed or printed name of signee	MGR	Samuel Roberts
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(Use attachment if necessary) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance will 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.817.153. F.S. Samuel Roberts Typed or printed name of signee		
(Use attachment if necessary) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance will 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.817.153. F.S. Samuel Roberts Typed or printed name of signee		
(Use attachment if necessary) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance will 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.817.153. F.S. Samuel Roberts Typed or printed name of signee		SE TAIL
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Signature of a member or an authorized representative of a member This document is executed in accordance softir 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. Typed or printed name of signee	LE V: Other provisions, if any.	P
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	 any false information submitted in a document 	•
	any false information submitted in a document of the asprovided for in s.817.155, F.S. Samuel Robert	ds

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

ARTICLE IV-