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(Re	questor's Name)	
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(Ad	dress)	
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(6)	ty/State/Zip/Phone #	
(Cil	y/State/Zip/Phone #	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(5)-	and North and	
(DC	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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COVER LETTER

TO: New Filing Se Division of Co				
	•	NEDAUD II O		
SUBJECT: MIKE B	RIDWELL HOME R (Name of Res	REPAIR, LLC. Sulting Florida Limited	ed Company)	
		_	, ,	
			on, and fees are submitted to control in accordance with s. 605.1045	
Please return all corre	espondence concernin	g this matter to:		
BRENDA CHAMBE	ERS			
	(Contact Person)			
CHAMBERS & ASS				
	(Firm/Company)			
603 N. FERDON B				
	(Address)			
CRESTVIEW, FL 3	2536			
(C	City, State and Zip Code)			
BRENDA@CA-CR				
E-mail Address: (to be	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
BRENDA CHAMBE	RS	at (850)	398-8088	
(Name of Contac	ct Person)		(Daytime Telephone Number)	
	or the following amou a bank located in the	` .	rocessed by this office must be pa	ayable in US
☑ \$150.00 PHing Pees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$189.00 Filing Fand Certified Copy		
Mailing Addr		_	Street Address:	
New Filing Se			New Filing Section	
Division of Co P.O. Box 632	-		Division of Corporations The Centre of Tallahassee	
1.0.1000	•		Series of remainings	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MIKE BRIDWELL HOME REPAIR, 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.
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 10/22/2003
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MIKE BRIDWELL HOME REPAIR, 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.

20 JAN 27 PH 12: 31

Signed this 22 day of Vantified	_20 <i>QO</i>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:Printed Name: MICHAEL K. BRIDWELL	Title: MGRM
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: MICHAEL K. BRIDWELL	_ Title: PRESIDENT
Signature: Jan F. Bridwelf Printed Name: SUSAN F. BRIDWELL	
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 Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:		
MIKE BRIDWELL HOM (Must co	E REPAIR, LLC.	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address a		ncipal office of the Limited Liability Company is	:
Principal Office Add	ress:	Mailing Address:	
395 CANTERBURY CIF FT. WALTON BEACH, FL		395 CANTERBURY CIRCLE NW FT. WALTON BEACH, FL 32548	
(The Limited Liability Compa- business entity with an activ	any cannot serve as its own Registe	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another gistered agent are:	
MI	CHAEL K. BRIDWELL		
	Name		
	5 CANTERBURY CIRCLE N		
F	lorida street address (P.O.	Box NOT acceptable)	
FT	. WALTON BEACH, FL 3254		
-	City	Zip	
liability company registered agent and statutes relating to	o at the place designated in a lagree to act in this capacit the proper and complete po	accept service of process for the above stated limit this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of erformance of my duties, and I am familiar with an stered agent as provided for in Chapter 605, F.S	all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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	
MGRM — Manager	MICHAEL K. BRIDWELL
	395 CANTERBURY CIRCLE NW
	FT. WALTON BEACH, FL 32548
MGRM	SUSAN F. BRIDWELL
	395 CANTERBURY CIRCLE NW
	FT. WALTON BEACH, FL 32548
	
(Use attachment if necessary)	ASSEE
TCLE V: Other provisions, if any.	27 PM IZ: 32 VSSEE, FLCRIDA
	<u> </u>

REQUIRED SIGNATURE:

1 / Colonia

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.

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)