# L2000 101129

(Req	uestor's Name)	
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bbA)	ress)	
(City	/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

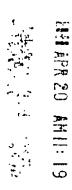
APR 2 3 2020

T. SCOTT



200343419642

04/20/20--01082--017 \*\*150.00



## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: ROCK Star Glass (Name of Resu	Repair, LLC.
(Name of Rest	alting Florida Limited Company)
	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Meghan Machin (Contact Person)	
Rock Star Glass Respair (Firm/Company)	
(Firm/Company)	
5112 Belleville Ave (Address)	
(Address)	
Belle Isle FL 32812	
(City, State and Zip Code)	<del> </del>
rockstarglass@yahoo.cov	v i
E-mail Address: (to be used for future annual rep	
For further information concerning this mat	ter, please call:
11000 1120100	UM 1435-0515
(Name of Contact Person)	at ( 407 ) 435-0565 (Area Code) (Daytime Telephone Number)
	nt: (All checks processed by this office must be payable in US
☑ \$150.00 Filing Fees ☐ \$155.00 Filing Fees	□\$180.00 Filing Fees □\$185.00 Filing Fees,
(\$25 for Conversion and Certificate of	and Certified Copy Certified Copy, and
& \$125 for Articles Status of Organization)	Certificate of Status
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### **Articles of Conversion**

For

## "Other Business Entity"

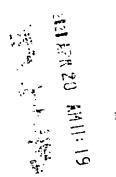
Into

### Florida Limited Liability Company

The Articles of Conversion 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:    Lock Star Glass Repair, MC Planess Entity)   Center Name of Other Business Entity)
2. The "Other Business Entity" is a COCOCATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on July 25, 2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ROCK Star Glass Repair, 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 15th day of April	_ 20 <u>- 20</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Med Printed Name: Meghan Macin ()	_ Lit: _ Title: Owner Operator
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Letter Printed Name: Washin Massin	· · · · · · · · · · · · · · · · · · ·
Printed Name: Whasho	Title: Disector
3	
Signature: Printed Name:	Tide
ranted Name.	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title
Signature: Printed Name:	701.1
Printed Name:	Hitle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
The interest of Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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:	
The hame of the Emilied Elaomity Company is.	
Rock Star Glass Repair, LLC.	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Rock Star Glass Repair 5112 Belleville Ave Belle Isle FL 32812	P.O. Box 560305 Orlando FL 32356
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
LEGALINC CORPORAT	E SERVICES INC.
Name	
5237 SUMMERLIN COM	MONS SUITE 400
Florida street address (P.O. I	Box NOT acceptable)
FORT MYERS	FL 33907
City	Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S
Registered Agent's Signat	menta Patry Schmenti Ture (REQUIRED)
(CONTINU	e. e

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Meghan Macton  Sila Belleville Ava  Belle Islo 16 30812
· · · · · · · · · · · · · · · · · · ·	
**************************************	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
Meghan Martin	
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)