(2000) 129013

(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:

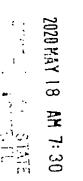
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J. FASON MAY 1 9 2020 May 4, 2020

LEGALINC CORPORATE SERVICES INC. 10601 CLARENCE DR STE 250 FRISCO, TX 75033

SUBJECT: WOLF MARINE ELECTRONICS LLC

Ref. Number: W20000043727

We have received your document for WOLF MARINE ELECTRONICS LLC and your check(s) totaling \$180.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 520A00009085

LEGALINC CORPORATE SERVICES INC. 10601 CLARENCE DR., SUITE 250 FRISCO, TX 75033 (866) 757-5850 Fax: (214) 317-4754

FILINGS@LEGALINC.COM

Date: 5/11/2020

To:

Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FŁ 32303

RE: WOLF MARINE ELECTRONICS LLC

Please file and return an certified copy to below address OR via email to FILINGS@LEGALINC.COM

LEGALINC CORPORATE SERVICES INC. 10601 CLARENCE DR., SUITE 250 FRISCO, TX 75033

Thank you!

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: WOLF MARINE ELECTRONICS LLC	
(Name of Resulting Florida l	Limited Company)
The enclosed Articles of Conversion, Articles of Organi Business Entity" into a "Florida Limited Liability Comp	
Please return all correspondence concerning this matter	to:
Anna Manukyan	
(Contact Person)	
Legalinc Corporate Services Inc.	
(Firm/Company)	
10601 Clarence Dr., Suite 250	
(Address)	
Frisco TX 75033	
(City, State and Zip Code)	
filings@legalinc.com	
E-mail Address: (to be used for future annual report notification	ns)
For further information concerning this matter, please c	all:
Anna Manukyanat (800)_386-0178
(Name of Contact Person) (Area C	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check 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 and Certified of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entire" is a LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, community type.	
On June 1, 2017 (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:
WOLF MARINE ELECTRONICS LLC	netes of Organization.
(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 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.	isal rights the amount to
	2020 HAY 18

Signed this 11th day of May	20_20
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: // // / Printed Name: Viorel Lupu	Title: Member
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Signature:	
Printed Name:	little:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

	ability Company is:	
WOLF MARINE ELECTRON	NICS LLC	•
(Must contain	the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:		Mailing Address:
2139 Valencia Blossom St		2139 Valencia Blossom St
Clermont, FL 34711		Clermont, FL 34711
		Office, & Registered Agent's Signature:
	cannot serve as its own R orida registration.)	egistered Agent. You must designate an individual or anothe
(The Limited Liability Company of business entity with an active Flo	cannot serve as its own R orida registration.)	egistered Agent. You must designate an individual or anothe
(The Limited Liability Company of business entity with an active Flo	caunot serve as its own R wida registration.) treet address of the re	egistered Agent. You must designate an individual or anothe
(The Limited Liability Company of business entity with an active Flo	caunot serve as its own R wida registration.) treet address of the re	egistered Agent. You must designate an individual or another egistered agent are: Name
(The Limited Liability Company of business entity with an active Flo	cannot serve as its own R wida registration.) treet address of the re Viorel Lupu 2139 Valencia Blosso	egistered Agent. You must designate an individual or another egistered agent are: Name
(The Limited Liability Company of business entity with an active Flo	cannot serve as its own R wida registration.) treet address of the re Viorel Lupu 2139 Valencia Blosso	egistered Agent. You must designate an individual or another gistered agent are: Name

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 Signatur (REQUIRED

(CONTINUED)

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 Viorel Lupu AMBR 2139 Valencia Blossom St Clermont, FL 34711 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.) ARTICLE VI: Other provisions, if any.

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Signature of a member of an authorized representative

Viorel Lupu

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)