1 20000 133325

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
- (Cit	ty/State/Zip/Phone	o #N
(0)	yrotaterzipii non	<i></i>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	cument Number)	
(20	, , , , , , , , , , , , , , , , , , , ,	
0.00		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



800344167118

05/14/20--01002--001 **150.00

C RICO

.

DIVISION OF COMPERATION

C RICO

COVER LETTER

TO: "New Filing Section Division of Corporations
SUBJECT: Pops Mobile SERVICE & TOWING LCC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Owen JACKSON (Contact Person) Popis Nobile Staylice & Towns G LIC
(Firm/Company) 1100 U.S. Hwy 27 F-137023 (Address)
CLERMONT FL 34713 (City. State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (40 '7) 960 \$ 998 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S150.00 Filing Fees and Certificate of S180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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 <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: Pop's Mobile Service & Town Name of Other Business Antity)	
2. The "Other Business Entity" is a	
First organized, formed or incorporated under the laws of	
on date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Pop's Mobile Jenvice & Towing LLC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
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 5th day of May	_ 20 <u>~</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name OWEN JACKSON	Title:
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
200	
Signature: The Remndy Printed Name NOEL HERNANDE	m. I
Printed Name NOEL HERMANDE Z	Title:P
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Clamatana	
Signature:Printed Name:	Title
i imed (value.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
MCD and a second and a second and a second	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Farmer.	
lf Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
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 1 - Name:

The name of the Limited Liability Company is:	
Pop's Mobile Service (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
100 US Hwy 27, F-137023 Lonmont FL 347/3	1100 US HWY 27 F-137023 CLERMONT FL 34713
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another 🕟 💝 👙
The name and the Florida street address of the re-	SECRETARY OF SECRE
OWEN JACKSO Name	s. l ä≺
1100 US HWY 2. Florida street address (P.O.	
<u>CLERIMONT</u> City	FL 34713 Zip
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete pa	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Λ	R"	ri	C	i i	7	I١	7_
	1.						, -

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

"MGR" = Manager MR. Not HERNANDEY 1009 BERWICK DRIVE DAVEN PORT, FL 33297 (Use attachment if necessary)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) REQUIRED SIGNATURE: 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.	"MGR" = Manager	MR. NOE! HERMANDET 1009 BERWICK DRIVE DAVENPORT, FL 33297
(Use attachment if necessary) REQUIRED SIGNATURE: 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.		
(Use attachment if necessary) REQUIRED SIGNATURE: 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.		
(Use attachment if necessary) REQUIRED SIGNATURE: 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.		
(Use attachment if necessary) REQUIRED SIGNATURE: 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.		0 HAY
REQUIRED SIGNATURE: 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.		
REQUIRED SIGNATURE: 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.	(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.	ICLE V: Other provisions, if any.	
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.		
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.	REQUIRED SIGNATURE:	
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.		
OWEN TAYCSON	This document is executed in accordance any false information submitted in a document of the second	with section 605.0203 (1) (b), Florida Statutes. I am aware that
	OWE	IN TAYCSON

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)