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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TOMMY D. PERMENTER, JR.



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ogala, Florida 34471 TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

October 23, 2020

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Shift'n Gears, Inc./LLC

Articles of Conversion

Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for Shift'n Gears, Inc., for filing.

Also, enclosed is our firm's check in the amount of \$180.00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let us know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr., Esquire

TDP/am Enclosures

COVER LETTER

SUBJECT: Shift'n Gears, L	LC
	Resulting Florida Limited Company)
	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
Tommy D. Permenter, Jr., Esquir (Contact Person)	re
The Permenter Law Firm, P.A. (Firm/Company)	
2201 S.E. 30th Avenue, Suite 20 (Address)	2
Ocala, Florida 34471	
(City, State and Zip Code	e)
Tommy@Permenterlaw.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this n	natter, please call:
Tommy D. Permenter, Jr., Esquir	e_at (<u>352</u>) <u>622–1811</u>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US to United States)
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	and Certified Copy Certified Copy, and 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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

TO: New Filing Section
Division of Corporations

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: Shift'n Gears, 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
(Enter state, or if a non-U.S. entity, the name of the country)
May 1, 2014 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:
Shift'n Gears, 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.

Signed this 5th	day of October	20 20
Signature of Auth	orized Representative of Limi	ted Liability Company:
Cianatura of Autho	rized Representative:	M
Dringed Mama: Terry	C Troup Ir	Tue: Manager
rimed Name. tony	C. 1700/2.31	1 (4)
Signature(s) on be	half of Other Business Entity:	See below for required signature(s)]
Signature:		Title: President
Printed Name: Terry	C. Houp, Jr.	Title: President
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Cianotura:		
Printed Name:		Title:
rimed rame		
If Florida Corpora		
	nan, Vice Chairman, Director, or	
If Directors or Office	ers have not been selected, an In-	corporator must sign.
If Florida Coneral	Partnership or Limited Liabili	ty Partnership:
Signature of one Ge		CY Partite Simp.
org.man.e or one or		
If Florida Limited	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
All others: Signature of an auth	parized parson	
Signature of an aud	iorized person.	
Fees:		
Articles of	Conversion:	\$25.00
Fees for Flo	orida Articles of Organization:	\$125.00
Certified C	= = = = = = = = = = = = = = = = = = = =	\$30.00 (Optional)
Certificate		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L	limited Liability Company	y is:	
Shift'n Gears, LLC			
(M	ust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC	2.7)
ARTICLE II - A			
The mailing addre	ess and street address of the	ne principal office of the Li	mited Liability Company is:
Principal Office	Address:	Mailing Address:	
20771 N.E. Highway	27	20771 N.E. Highway 27	
Williston, Florida 32	696	Williston, Florida 32696	
			,,
The name and the	Florida street address of t Heather M. Troup N	the registered agent are:	_
	20771 N.E. Highway 27		
	Florida street address (P.O. Box NOT acceptable)
	Williston	FL 32696	
	City	Zip	
liability com registered agent statutes relativ	pany at the place designate and agree to act in this co ig to the proper and compl	ed in this certificate, I hereb pacity. I further a <mark>gree</mark> to c	ess for the above stated limited y accept the appointment as omply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR, President	Terry C. Troup, Jr.	
	20771 N.E. Highway 27	
	Williston, Florida 32696	_
MGR, Vice President	Heather M. Troup	
	20771 N.E. Highway 27	
	Williston, Florida 32696	_
		
		202 -
		- <u>0</u>
(Use attachment if necessary)		2020 OCT 2 <i>7</i>
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TOLD W. Od		PH
TCLE V: Other provisions, if any.	2.15	
	<u> </u>	N
		ਹ
REQUIRED SIGNATURE:		
$\mathcal{M}_{\mathcal{N}}$		
Signature of a thember or	an authorized representative of a member	,_
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am awar iment to the Department of State constitutes a third degree	e that Jelony
Terry C. Troup, Jr.		
Ty	yped 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)