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(Req	uestor's Name)	-
(Addı	ress)	
(AddA)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Busi	iness Entity Nai	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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W21-4896



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2021

CHRIS WILKERSON EQUIPSYSTEMS LLC 13 EAST 30TH STREET, 6TH FLOOR NEW YORK, NY 10016

SUBJECT: EQUIPSYSTEMS LLC Ref. Number: W21000034337

We have received your document for EQUIPSYSTEMS LLC and your check(s) totaling \$21.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 121A00005410

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www.sunbiz.org

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filed AK 3/19/2021

COVER LETTER

TO:	New Filing Se Division of C				
SUBJ	ECT: EquipSys	stems LLC			
2013	.,	(Name of Res	ulting Florida Limit	led Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Chris	Wilkerson				
		(Contact Person)		-	
Equip	Systems LLC				
		(Firm/Company)		-	
13 Ea	st 30th Street, 6t	th Floor		_	
		(Address)			
New \	York, NY 10016				
	((City, State and Zip Code)		_	
cw@e	equipsystems.com	m		_	
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	irther informati	on concerning this ma	tter, please call:		
Charr	maine Bingcang		at (212	331-7	7897
	(Name of Conta	act Person)	(Area Code) (Day	time Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fd & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations 27		New I Divisi The C	Address: Filing Section on of Corporations Sentre of Tallahassee
	Tallahassee, l	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Conversion

For

"Other Business Entity"

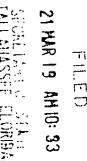
Into

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: EquipSystems LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
March 29, 2004 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:
EquipSystems 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 16th day of M	<u>20_21</u> .
-	esentative of Limited Liability Company:
Signature of Authorized Represe Printed Name: Carl Runge	Title: Authorized Person
	Business Entity: See below for required signature(s)}
Signature:	
Printed Name: Chris Wilkerson	Title: Authorized Person
Signature:	
Printed Name:	Title:
Cianatura	
Printed Name:	Title:
Signature:	Title:
Printed Name:	11110.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Cha If Directors or Officers have not be	irman, Director, or Officer. been selected, an Incorporator must sign.
If Florida General Partnership Signature of one General Partner.	or Limited Liability Partnership:
If Florida Limited Partnership Signatures of ALL General Partne	or Limited Liability Limited Partnership; ers.
All others: Signature of an authorized person	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	1111/12		
	Limited Liability Compar	ny is:	
_			
EquipSystems LLC		Liability Company, "L.L.C.," or "LLC.")	
4.)	tust contain the words (finited)	hability Company, Edition of Title,	
ARTICLE II - A The mailing addre		the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
4414 Cocopah Loc	рр	13 East 30th Street	
Saint Cloud, FL 34	772	6th Floor	_
		New York, NY 10016	
The name and the	Chris Wilkerson	f the registered agent are: Name	
	4414 Cocopah Loop		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
	Saint Cloud	FL 34772	
	City		
	City	Zip	

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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		
AMBR	Chris Wilkerson	
	13 East 30th Street, 6th Floor	
	New York, NY 10016	
AMBR	Carl Runge	
_ 		
(Use attachment if necessary)		21
	,	FIL 21 MAR 19 Seund LAN
ARTICLE V: Other provisions, if any.	,	
		<u> </u>
		-
REQUIRED SIGNATURE:		p***
C_{-}		
Signature of a member or	an authorized representative of a membe	r

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.

Chris Wilkerson

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)

State of New York Department of State } ss:

I hereby certify, that EQUIPSYSTEMS, LLC a DELAWARE Limited Liability Company filed an Application for Authority pursuant to the Limited Liability Company Law on 03/29/2004. I further certify that so far as shown by the records of this Department, such Limited Liability Company is still authorized to do business in the State of New York.



21 MAR 19 AM 10: 43 SEUALIANT OF STATE FALLAHASSEE, FLORIDA

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of December two thousand and twenty.

Braden C Hydra

Brendan C Hughes