L21000 18433

(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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T. SCOTT



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COVER LETTER

то:	New Filing S Division of C					
SHBJ	FCT: Stan's Pr	ro Tows of Florida LLC				
5000		(Name of Res	ultin	g Florida Limit	ed Con	npany)
				•		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	z thi	s matter to:		
Dougl	as N. Henson					
		(Contact Person)			•	
Stan's	Pro Tows of Flo	rida LLC				
		(Firn/Company)				
12016	Lakeshore Dr					
	_	(Address)			-	
Clerm	ont, FL 34711					
	((City, State and Zip Code)				
dougfl	orida@stansprot	ows.com				
E-n	nail Address: (to b	e used for future annual re	ort i	notifications)		
For fu	rther information	on concerning this mat	ter,	please call:		
Dougla	as N. Henson		at	(208	,221-6	3757
	(Name of Conta	et Person)	_aı	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing Sc Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

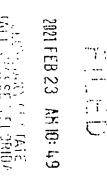
"Other Business Entity"

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: American Towing & Recovery, 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
(Enter state, or if a non-U.S. entity, the name of the country)
6-15-2006
6-15-2006 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:
Stan's Pro Tows of Florida 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 18	day of February	20
	norized Representative of Lim	· · · · · · · · · · · · · · · · · · ·
Cianatura of Autho	prized Representatives &	
Printed Name: Doug	glas N. Henson	Title: President
Signature(s) on be	half of Other Business Entity:	See below for required signature(s)
S: Q:-	MAN	_
Printed Name Oout	alas N. Henson	Title: President
Trinca Nampe.		Title: 1 Joseph
Signature:		
Printed Name:		Title:
Signature		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpora	ation:	
	nan, Vice Chairman, Director, or	Officer.
	eers have not been selected, an In	
IC []	(D	to The control of
Signature of one Go	Partnership or Limited Liabili	ity Partnership:
organical control of	oneral Further.	
	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
All others:		
Signature of an auth	norized person.	
J	•	
Fees:		
Articles of	Conversion:	\$25.00
	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 - Name: The name of the Limited Liability Company is	:	
Stan's Pro Tows of Florida LLC (Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address: The mailing address and street address of the p		Liability Company is:
Principal Office Address:	Mailing Address:	
12016 Lakeshore Dr Clermont, FL 34711	12016 Lakeshore Dr Clermont, FL 34711	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeries business entity with an active Florida registration.) The name and the Florida street address of the Douglas N. Henson Name	stered Agent. You must designate an indi	r's Signature: ividual or another
12016 Lakeshore Dr		
Florida street address (P.C	D. Box NOT acceptable)	
Clermont	FL 34711	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby acceptity. I further agree to comply verificates, and segment as provided for i	ot the appointment as with the provisions of all I am familiar with and
Registered Agent's Sig	nature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

.

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Vonda K Adamson Henson
	12016 Lakeshore Dr
	Clermont, FL 34711
	
	
	
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
-	
,	
REQUIRED SIGNATURE:	1/
REQUIRED SIGNATURE:	vo //
REQUIRED SIGNATURE:	ron Harris
REQUIRED SIGNATURE:	TON HARD
Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Vonda K Adamson Henson	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree fell 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)