

L21000153402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

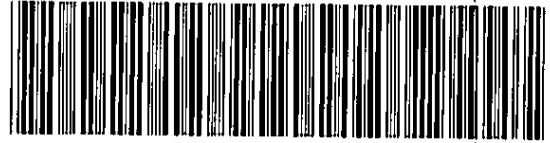
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 APR -9 PM 4:23

2021 APR -9 PM 5:47

INTELLIGENCE

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Colmaric Analyticals, LLC</u>	FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_ CERTIFIED COPY    ☒ PHOTOCOPY    \_\_\_ C.U.S.

### FILING:

\_\_\_ CORPORATION    \_\_\_ LLC    \_\_\_ LIMITED PARTNERSHIP    \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICEMARK/TRADEMARK    \_\_\_ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER Conversion

### RETRIEVAL:

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 4/9/21    TIME \_\_\_\_\_

Notes: \_\_\_\_\_

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:  
COLMARIC ANALYTICALS, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of TENNESSEE

(Enter state, or if a non-U.S. entity, the name of the country)

on April 14, 2008

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

COLMARIC ANALYTICALS, 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.

INFORMATION

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Signed this 6th day of April 2021

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: /s/ Collin Thomas  
Printed Name: Collin Thomas Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: /s/ Collin Thomas  
Printed Name: Collin Thomas Title: Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability 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  
OF  
COLMARIC ANALYTICALS, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

**ARTICLE I - Name**

The name of the limited liability company is: **COLMARIC ANALYTICALS, LLC**, hereinafter referred to as the "Limited Liability Company."

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 3235A Fairfield Avenue South, St. Petersburg, Florida 33712-1816.

**ARTICLE III - Period of Duration.**

The Limited Liability Company shall come into existence upon the filing of these Articles of Organization with the Secretary of State, State of Florida, and shall have perpetual existence, unless earlier terminated by operation of law or as provided in these Articles of Organization or the Operating Agreement of the Limited Liability Company.

**ARTICLE IV - Initial Registered Office and Registered Agent**

The name and address of the initial registered agent in Florida for the Limited Liability Company is as follows: Collin Thomas, 3235A Fairfield Avenue South, St. Petersburg, Florida 33712-1816.

**ARTICLE V - Membership**

Additional persons or entities may be admitted to the Limited Liability Company on such terms and conditions as determined by the Managers and the Operating Agreement of the Limited Liability Company.

**ARTICLE VI - Purpose**

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall

have all the powers vested in a limited liability company organized and existing by virtue of such laws.

**ARTICLE VII - Management.**

The Limited Liability Company shall be managed by one or more Managers. The name and address of the initial Managers who is to serve as such until their successor(s) is/are elected and qualified is as follows: Collin Thomas and Sheryl Thomas.

**ARTICLE VIII - Rules and Regulations of the Company**

The power to adopt, alter, amend or repeal the rules and regulations of the Limited Liability Company shall be vested in the Manager(s) of the Company in accordance with the Operating Agreement of the Limited Liability Company.

**IN WITNESS WHEREOF**, the undersigned, being the organizer of the Limited Liability Company, certifies that this instrument constitutes the proposed Articles of Organization of Colmaric Analyticals, LLC pursuant to, and in accordance with, Chapter 605 of the Florida Statutes.

Duly executed at St. Petersburg, Florida on this 6th day of April 2021.

/s/ Collin Thomas  
Collin Thomas,  
Organizer, Authorized Representative

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INFORMATION

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the above-mentioned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: Colmaric Analyticals, LLC.
2. The name and street address of the registered agent and office are: Collin Thomas.  
  
Colmaric Analyticals, LLC, 3235A Fairfield Avenue South, St. Petersburg, Florida 33712-1816.

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.

/s/ Collin Thomas \_\_\_\_\_

Collin Thomas  
Registered Agent