

L21000175365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

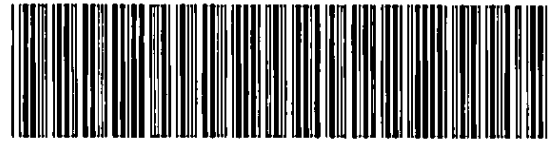
(Business Entry Name)

(Document Number)

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

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2022 FEB 1 AM 8:11  
TALLAHASSEE FL  
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TALLAHASSEE FL  
CLERK OF STATE

Y SULKER

FEB 02 2022



## **Filing Cover Sheet**

**To:** Florida Division of Corporations

**From:** LESLIE SELLERS C/O Capitol Services, Inc.

**Date:** 2/1/2021

**Trans#:** 1269541

**Entity Name:** VIVID EV LLC - L21000175365

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion ( XXX )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

**STATE FEES PREPAID WITH CHECK#2561 FOR \$55.00**

**PLEASE RETURN:**

**Certified Copy (XX)**

**Plain Photocopy ( )**

**Good Standing ( )**

**Certificate of Fact ( )**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIVID EV LLC  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

afudge@arkomaops.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$55.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E106 (05/17)

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

VIVID EV LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

VIVID EV LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Texas  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

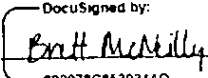
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 4739 Mirage Bay Circle, #109  
Fort Myers, FL 33966

Mailing Address: 4739 Mirage Bay Circle, #109  
Fort Myers, FL 33966

7. 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 31 day of January, 2022

Signature:  Must be signed by a Member or Authorized Representative  
622078C853034AD

Printed Name: Brett McNeilly Title: CEO

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)