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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 **April 26, 2021** Date:___ **ERIC HOOD** Name:___ 1361743 Reference #:____ Entity Name: FLORIDA COAST EQUIPMENT, LLC ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent ☐ Reinstatement Conversion Merger ☐ Dissolution/Withdrawal Fictitous Name **CERTIFIED COPY** ✓ Other _____ Authorized Amount:

Signature:

Cric Hood

2021 APR 26 AM 9: 14 SECRUTALL FISTATE TALLALIE SEE, FL

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: orida Coast Equipment, Inc.				
(Enter Name of Other Business Entity)				
The "Other Business Entity" is a corporation				
(Enter entity 1s a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)				
rst organized, formed or incorporated under the laws of Florida				
January 18, 1985				
(date of organization, formation or incorporation)				
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:				
orida Coast Equipment, LLC				
(Enter Name of Florida Limited Liability Company)				
If not effective on the date of filing, enter the effective date: he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te listed in the attached Articles of Organization, if an effective date is listed therein.)				
The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.				

Page 1 of 2

Signed	I this <u>25th</u>	day of <u>April</u>	20 <u>21</u>	
Signat	ture of Autho	rized Representative of	f Limited Liability Company:	
Signat Printed	ure of Authori I Name: <u>Jasor</u>	zed Representative:	805cF5884cc Title: Manager	
Signat	ture(s) on beha	alf of Other Business En	ntity: [See below for required signature	re(s).]
Signati	ure			
Printed	i Name edasor	eTodd Bachman	Title: President	
Signati Printed	ure: 1 Name:		Title:	
Signate Printed	ure: 1 Name:		Title:	
Signati	ure:			
Printed	l Name:		Title:	
Signate Printed	ure: l Name:		Title:	
Signate If Dire	ctors or Office	n, Vice Chairman, Direct rs have not been selected, artnership or Limited I	, an Incorporator must sign.	
If Flor	ida Limited P		Liability Limited Partnership:	
All oth Signati	ners: ure of an autho	rized person.		
Fees:				
	Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Organizat by:	\$25.00 tion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
Florida Coast Equipment, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
357 Pike Rd West Palm Beach, FL 33411	346 Pike Rd., Ste. #7 West Palm Beach, FL 33411
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Cogency Global Inc.	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
	Jame Super E
115 North Calhoun S	treet, Suite 4
Florida street address ((P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32301 Zip
City	Zip
liability company at the place designate registered agent and agree to act in this constant statutes relating to the proper and complete accept the obligations of my position a	nd to accept service of process for the above stated limit ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with an s registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authoriz	Name and Address:	
"MGR" = Manager MGR	Jason Todd Bachman 346 Pike Rd., Ste. #7 West Palm Beach, FL 33411	
MGR	Jason A. Watson 346 Pike Rd., Ste. #7 West Palm Beach, FL 33411	
	2821 APR 26	
	SIAI SIAI SIAI SIAI SIAI SIAI SIAI SIAI	1
(Use attachment if no	cessary)	
ARTICLE V: Effective date (If an effective date is listed to or 90 days after the date of ARTICLE VI: Other provision		or
REQUIRED SIGNA	TURE:	
Docusigne Stgffati		

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jason Todd Bachman, Manager

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)