L21000 2695 86

(Danisahada Nama)
(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:

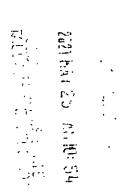
Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: TSI CONTAINERS, LLC,		
(Name of Re	sulting Florida Limited	Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	-	, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
TODD SUNDESTEN		
(Contact Person)		
TSI CONTAINERS		
(Firm/Company)		
4513 SAXON DRIVE		
(Address)		
NEW SMYRNA BEACH, FL 32169		
KSUN (City, State and Zip Code)	vVSunots	i containers, com
E-mail Address: (to be used for future annual re		1 6011 (6011) 6 1 (611)
For further information concerning this ma	itter, please call:	
KATHLEEN SUN	_at (386)	89-2700
(Name of Contact Person)	(Area Code) ((Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		cessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fea and Certified Copy	es
Mailing Address: New Filing Section		reet Address: ew Filing Section
Division of Corporations	Di	vision of Corporations
P.O. Box 6327		ne Centre of Tallahassee
Tallahassee, FL 32314	24	15 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: TSI CONTAINERS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TSI CONTAINERS, LLC :
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: JUN 2021. (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 13 day of MAY	20 <u> 2</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: 2000	Γ 1.4.
Printed Name: TODD SUNDESTEN	Title: Mar
Fillited Name. TOBO GONDEGTEN	Title, wg
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
	• •
Signature: Jodd Sulske	
Printed Name: TODD SUNDESTEN	Title: PRES
6.	
Signature:Printed Name:	mal.
Printed Name:	1 itle:
Signature:	
Signature:Printed Name:	Title:
	
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
If Florid, Comment	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	cornerator must sign
if birectors of officers have not been selected, an in	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	-
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
·	
<u>Fees:</u>	
Artislas of Carrenism	cae 00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Ontional)
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Confidence of Status.	55.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
TSI CONTAINERS, LLC.		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address:		
The mailing address and street address of the prin	ncipal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
4513 SAXON DRIVE	PO BOX 291441	
NEW SMYRNA BEACH, FL 32169	PORT ORANGE, FL 32129	-
		- -
ADTICLE III Desistant Agent Desistant	Office & Domintoned Amendia Signatur	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	uistored quent are:	2::21
The name and the Frontal street address of the re-	gistered agent are.	154 (E32
KATHLEEN SUN		100 1
Name		<i>.</i>
705 FAIRWAY DRIVE		高
Florida street address (P.O.	Box NOT acceptable)	∰ ∰
NEW SMYRNA BEACH	FL 32168	<u> </u>
City	Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional Registered Agent's Signature.	this certificate, I hereby accept the apports. I further agree to comply with the property of my duties, and I am familistered agent as provided for in Chapter	ointment as rovisions of all liar with and

(CONTINUED)

Λ	D	TI	C	F	IV_{-}

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	TODD SUNDESTEN
	4513 SAXON DRIVE
	NEW SMYRNA BEACH, FL 32169
AMBR	KATHLEEN SUN
	705 FAIRWAY DRIVE
	NEW SMYRNA BEACH, FL 32168
(Use attachment if necessary)	
ICLE V. Other receiving to the second	
ICLE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

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.

ATHLEEN SUN

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)