La una an uso

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danuard Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT



800367426688

08/07/21--01011--029 **150.00



COVER LETTER

TO: New Filing S Division of C					
SUBJECT: AUTO P	ROTECHT LLC				
Sobject.	(Name of Res	ultin	g Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g thi	s matter to:		
Peter Bonneau CPA					
<u> </u>	(Contact Person)			_	
Bonneau Accounting S	Services				
	(Firm/Company)			_	
1015 W Indiantown Ro	oad Suite 202				
	(Address)			_	
Jupiter Florida 33458					
	City. State and Zip Code)			-	
Camilo@bonneaucpa.	com				
E-mail Address: (to b	e used for future annual re	port r	notifications)	_	
For further informati	on concerning this ma	tter.	please call:		
Peter Bonneau		at	,561 (747-0	0160
(Name of Conta	act Person)	_'``	(Area Code	e) (Day	rtime Telephone Number)
	for the following amou a bank located in the			process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filin I Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S	ection			New I	t Address: Filing Section
Division of C P.O. Box 632	-				ion of Corporations Centre of Tallahassee
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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AUTO PROTECHT 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.
(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)
12/07/2018 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:
AUTO PROTECHT 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.

	20 <u>_2\</u> .
Signature of Authorized Representative of Lim	
Signature of Authorized Representative Casey Printed Name: CASEY SCHILLING	Schilling
Printed Name: CASEY SCHILLING	Title: MBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(
Casey Schilling	• -
Signature: Casey Schilling Printed Name: CASEY SCHILLING	Title: MBR
Signature: Andrew Ingle Printed Name: ANDREW ENGLE	Title: MBR
Timed Name NONE W ENGLE	rine.
Signature:	m' d
Printed Name:	little:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabil	ity Partnership:
I E CIOCIDA GENERAL CALLICINIUD DE L'AMILICA L'AMDII	
Signature of one General Partner.	ty Limited Partnership
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person.	ty Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person.	ty Limited Partnership: \$25.00
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AUTO PROTECHT LLC	2. 11/19/2 O all 1/2 % all 1/2 %
(Must contain the words "L	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
701 NORTH POINT PARKWAY	701 NORTH POINT PARKWAY
SUITE 315	SUITE 315
WEST PALM BEACH, FLORIDA 33407	WEST PALM BEACH, FLORIDA 33407
The Limited Liability Company cannot serve as business entity with an active Florida registration	
The Limited Liability Company cannot serve as business entity with an active Florida registration	its own Registered Agent. You must designate an individual or another it.) ess of the registered agent are:
The Limited Liability Company cannot serve as business entity with an active Florida registratio. The name and the Florida street addr	its own Registered Agent. You must designate an individual or another it.) ess of the registered agent are:
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street address of the Peter Bonneau Peter Bon	its own Registered Agent. You must designate an individual or another n.) ess of the registered agent are:
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street address of the PETER BONNEAU 1015 W INDIANTO	its own Registered Agent. You must designate an individual or another n.) ess of the registered agent are: I CPA Name
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street address of the PETER BONNEAU 1015 W INDIANTO	its own Registered Agent. You must designate an individual or another n.) ess of the registered agent are: I CPA Name NUMN ROAD SUITE 202
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street addroperate PETER BONNEAU 1015 W INDIANTO Florida street active Florida street active Florida street active PETER BONNEAU	its own Registered Agent. You must designate an individual or another it.) ess of the registered agent are: I CPA Name OWN ROAD SUITE 202 dress (P.O. Box NOT acceptable) FL 33458

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ANDREW ENGLE
	701 NORTHPOINT PARKWAY, SUITE 315
	WEST PALM BEACH, FL 33407
MGR	SCHILLING, CASEY
	701 NORTHPOINT PARKWAY, SUITE 315
	WEST PALM BEACH, FL 33407
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Casey Sch	illing
- /	0

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.

CASSEY SCHILLING

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)