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☐ PICK-UP	WAIT	MAIL
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Office Use Only





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SECRETARY OF STATE ALLAHASSEE, FLORE

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### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Auto Tag Management Group - Deltona, Inc	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Merger File Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
6.	Fictitious Owner Search 55
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	

## 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.

	e of Other Business Entity)
•	pration
<ol><li>The "Other Business Entity" is a</li></ol>	
	oration, limited partnership, general partnership, common law or business trust, etc. Florida
First organized, formed or incorporated ur	nder the laws of
02/24/2004	(Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or incorporati	
(date of organization, formation or incorporati	ion)
<ol> <li>The name of the Florida Limited Liabi Auto Tag Management Group - Deltona, LLC</li> </ol>	lity Company as set forth in the attached Articles of Organization:
Auto Tag Management Group - Deltona, LLC	lity Company as set forth in the attached Articles of Organization:  da Limited Liability Company)
Auto Tag Management Group - Deltona, LLC  (Enter Name of Flori	da Limited Liability Company)
Auto Tag Management Group - Deltona, LLC  (Enter Name of Flori  4. If not effective on the date of filing, en  (The effective date: Cannot be prior to e  the date this document is filed by the Fl  Note: If the date inserted in this block does not m	ter the effective date:  date of receipt or filed date nor more than 90 calendar days after lorida Department of State.) eet the applicable statutory filing requirements, this date will not be listed as the
Auto Tag Management Group - Deltona, LLC  (Enter Name of Flori  4. If not effective on the date of filing, en  (The effective date: Cannot be prior to e  the date this document is filed by the Fl	ter the effective date:  date of receipt or filed date nor more than 90 calendar days after lorida Department of State.) eet the applicable statutory filing requirements, this date will not be listed as the
Auto Tag Management Group - Deltona, LLC  (Enter Name of Flori  4. If not effective on the date of filing, en (The effective date: Cannot be prior to e the date this document is filed by the Fl Note: If the date inserted in this block does not m document's effective date on the Department of St	ter the effective date:  date of receipt or filed date nor more than 90 calendar days after lorida Department of State.) eet the applicable statutory filing requirements, this date will not be listed as the

Signed this 6th day of August	20 <u>21</u>
Signature of Authorized Representative of Li	mited Liability Company:
Simpature of Authorized Barrage tation Gason	Strochak
Signature of Authorized Representative: Jason Printed Name: Jason Strochak	Title: MGR
Signature(s) on behalf of Other Business Entity	
	- (
Signature: Jason Strochak Printed Name: Jason Strochak	T'. I Vice President
Printed Name: Jason Strochak	Title: vice riesident
Signature:	
Printed Name:	Title:
m.	
Signature: Printed Name:	Title
Filined Name.	title:
Signature:	
Signature:Printed Name:	Title:
Signature:	Title
Printed Name:	title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:  Auto Tag Management Group - Deltona, LLC				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3155 SW 10th Street	3155 SW 10th Street			
Suite D	Suite D			
Deerfield Beach, FL 33442	Deerfield Beach, FL 33442			
	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another see registered agent are:			
Jason Strochak				
Na	me			
3155 SW 10th Street, Suite	D			
Florida street address (P	P.O. Box NOT acceptable)			
Deerfield Beach	33442 FL			
City	Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	d to accept service of process for the above stated limited I in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S			
Jason Stroch	ak			
Registered Agent's S	ignature (REQUIRED)			
(CONT.	INUED)			

П

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jason Strochak
	3155 SW 10th Street, Suite D
	Deerfield Beach, FL 33442
	Deerneid Beach, LL 33442
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(Use attachment if necessary)	
ICLE V: Other provisions, if any.	: <u>.</u>
	-
REQUIRED SIGNATURE:	
	n Strochak

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.

#### Jason Strochak

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)