# L21000359733

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	





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DIVISION OF CURPURATIONS
TALLAMASSEE, FLORIDA

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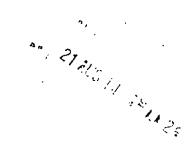
INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY	
X	РНОТОСОРУ	
	CUS	
X	FILING	CONVERSION
	CORPORATE NAME AND DOCUM	
	ORPORATE NAME AND DOCUM	
-(C	ORPORATE NAME AND DOCUM	MENT #)



# 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Openbuilds Limited Liability Company
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Limited Liability Company  (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)
03/01/2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Openbuilds Limited Liability Company
(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.

Signed this day of	20 <u></u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Mark Carew	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Mark Carew	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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 Liabili	ity Partnership;
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Openbuilds Limited Liability				
(Must contai	in the words "Limited Lit	ability Company, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address:				
The mailing address and	street address of th	e principal office of the Limited Li	ability Company is:	
Principal Office Addres	<u>:s:</u>	Mailing Address:		
40343 Air Time Ave		40343 Air Time Ave		
Zephyrhills, FL 33542		Zephyrhills, FL 33542		
<del></del>	117.7	<del></del>		
ARTICLE III - Register	red Agent, Registe	ered Office, & Registered Agent'	s Signature:	
business entity with an active Fl	cannot serve as its own R orida registration.}	legistered Agent. You must designate an indiv	idual or another	
The name and the Florida	street address of t	he registered agent are:	12	
		J	**************************************	
wark	Mark Carew Name			
	ivanie			
40343 Air Time Ave		DO D. NOT.		
		P.O. Box NOT acceptable)		
Zephy 		FL <sup>33542</sup>	·D	
	City	Zip		
наонну сотрапу аі	the place designate gree to act in this ca	nd to accept service of process for the ed in this certificate. I hereby accept pacity. I further agree to comply wi the performance of my duties, and I	the appointment as	

(CONTINUED)

# 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 AMBR Mark Carew 10945 Fallon Haze Circle San Antonio, FL 33576 (Use attachment if necessary) ARTICLE V: Other provisions, if any. **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member. This document is executed in accordance with section (05.0203 (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.

Mark Carew, Member

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)