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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
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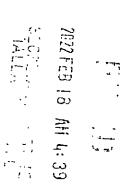
Office Use Only



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3/1/22



COVER LETTER

TO:	New Filing Se Division of C							
SUBJ	ECT: ProE Tal	ceoffs LLC						
20120		(Name of Res	ulting Florida Lim	ited Con	npany)	-		
					d fees are submitted to eccordance with s. 605.16			her
Please	return all corre	espondence concerning	g this matter to:					
Devor	Smith							
		(Contact Person)						
ProE 7	Takeoffs LLC							
-		(Firm/Company)						
941 W	Maple St							
		(Address)		_				
North	Lauderdale, FL 3	33068						
	(0	City, State and Zip Code)		_				
proeta	keoffs@gmail.co	om						
E-n	nail Address: (to b	e used for future annual re	port notifications)					
For fu	rther information	on concerning this ma	tter, please call:					
Devor	Smith		at (405	ر4130	479			
	(Name of Conta	ct Person)	(Area Code) (Day	479 time Telephone Number)	•		
		or the following amou a bank located in the		process	sed by this office must b	e payabl	le in U	S
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	Address: Filing Section Ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	810.	2622 FEB 18 AH 4: C	,

Articles of Conversion For

"Other Business Entity"

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: ProE Takeoffs LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
1/7/19 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ProE Takeoffs 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.

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

Signed this 25 day of January 20 22 .
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Devon Smith Printed Name: Devon Smith Outstand by: Devon Smith Outstand by: Devon Smith Outstand by: Devon Smith Outstand by: Devon Smith
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Puron Smith Printed Name: OSDENORSMITH Title: Owner
Printed Name: or Steward Smith Title:
Signature: Title:
Signature: Title:
Signature: Title:
France Name
Signature: Printed Name: Title:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fees:

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional) 2022 FEB 18 AH 4: 38

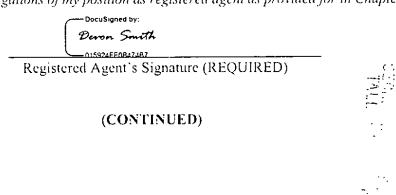
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
D E. T	
ProE Takeoffs LLC	ed Liability Company, "L.L.C.," or "LLC.")
(Must contain the words - Limit	th Hability Company, T.H.C., or H.C.)
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ProE Takeoffs	ProE Takeoffs
ProE Takeoffs 941 W Maple St	ProE Takeoffs 941 W Maple St

The name and the Florida street address of the registered agent are:

Devon Smith	
Na	me
941 W Maple St	
Florida street address (P	O. Box NOT acceptable)
North Lauderdale	FL 33068
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



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	D 0.00
AMBR	Devon Smith
	941 W Maple St
	North Lauderdale, FL 33068
	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
OocuSigned by:	
Devon Smith	
015924FE0B474B7	
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree feld
 any false information submitted in a docu 	ment to the Department of State constitutes a third degree felo
any false information submitted in a docur as provided for in s.817.155, F.S. Devon Smith	·
any false information submitted in a docur as provided for in s.817.155, F.S. Devon Smith	ped or printed name of signee Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)