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	(Requestor's Name)	_
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PICK-UP	WAIT MAIL	
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ı	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/08/22

**NAME**: ROOF AND RACK PRODUCTS. INC.

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

attedge AUTHORIZATION: ABBIE/PAUL HODGE

# 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.

The name of the "Other Business Entity Roof & Rack Products, Inc  (Enter Name)	of Other Business Entity)
2. The "Other Business Entity" is a Florida (Enter entity type. Example: corpor	a Profit Corporation ration, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated un	der the laws of
October 6, 1998	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation	
<ol> <li>The name of the Florida Limited Liabili Roof &amp; Rack Products, LLC</li> </ol>	ity Company as set forth in the attached Articles of Organization:
(Enter Name of Florid	la Limited Liability Company)
(The effective date: Cannot be prior to d the date this document is filed by the Flo	et the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approve	ed 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 March	2022
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Brett D. Roof	tt D. Roof  Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: William H Poof	
Printed Name: William H. Roof	Title: Officer/Director
Signature:	
Signature: Printed Name:	Title;
Signature:	The state of the s
Printed Name:	11tte:
Signature: Printed Name:	Title
Signature: Printed Name:	Title
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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)

2022 MAR -8 AM 18: 26

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MITCLESC	organiza in	ON FOR FLORIDA LIVII I EL	LIABILITY COMPANY
ARTICLE 1 -		Control 1	
The name of u	he Limited Liability	Company is:	
Roof & Rook Pr	raduata II.C		
Roof & Rack Pr		"Limited Liability Company, "L.L.C.," or "I	
		,	
ARTICLE II The mailing ac		ress of the principal office of the	Limited Liability Company is:
rne maning ac	aress and sireer add	acess of the principal office of the	Entitled Elability Company is.
Principal Offi	ice Address:	Mailing Address:	,
7566 Southland	Boulevard Suite 100	4034 Isle Vista Aver	nue
Orlando, FL 328	309	Belle Isle, FL 32812	
ARTICLE III	- Registered Agen	t, Registered Office, & Register	ed Agent's Signature:
The Limited Liabil business entity with	lity Company cannot serve th an active Florida registra	as its own Registered Agent. You must designion.)	gnate an individual or another
The name and	the Florida street ad-	dress of the registered agent are:	
		areas or the registered agent me.	
	Brett D. Roof	NI	
		Name	
	4034 Isle Vista A	<del>_</del>	
	Florida street	address (P.O. Box <u>NOT</u> acceptab	le)
	Belle Isle	FL <sup>32812</sup>	
		City Zip	<del></del>
Havina heer	r named as registeres	d agent and to accept service of pro	sages for the above stated limited
		designated in this certificate, I here	
		in this capacity. I further agree to	
		nd complete performance of my du osition as registered agent as prov	•
weepru	e vengamas vy my p	osition us registered agent as prov	
		Brett D. Rouf	2022 HAR
	Registered	Agent's Signature (REQUIRED)	
	-		## <b>6</b>
		(CONTINUED)	F.S.
		(00.1111.000)	F 2

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4.	12 1 1	4 1	н	11/-

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 Manager	Prott D. Boof	
<u> </u>	Brett D. Roof	
	4034 Isle Vista Avenue	<u> </u>
	Belle Isle, FL 32812	
11		
Manager	William H. Roof	<u> </u>
	4034 Isle Vista Avenue	
	Belle Isle, FL 32812	
		(10.1) (10.1)
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(Use attachment if necessary)		
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CLE V: Other provisions, if any.		
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DECLUDED CICNATURE.		
REQUIRED SIGNATURE:	t D. Rouf	

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.

Brett D. Roof, Manager

Typed or printed name of signee

Filing Fees