122000184656

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	·)
(Docur	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	
WZ10001	6084	9

Office Use Only



500378139415

12/20/21--01090--018 **150.00





February 28, 2022

WALTER WAGNER 5570 SPECTRE CIR APT #206 FT MYERS, FL 33908

SUBJECT: GOALLOYS LLC Ref. Number: W21000160849

We have received your document for GOALLOYS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II Supervisor Letter Number: 922A000048672



December 21, 2021

WALTER WAGNER 5570 SPECTRE CIR APT #206 FT MYERS, FL 33908

SUBJECT: GOALLOYS LLC Ref. Number: W21000160849

We have received your document for GOALLOYS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor
Letter Number: 121A00039864

etter Number: 121A00030864

COVER LETTER

SUBJECT: GoAlloys	LLC						
-	(Name of Res	sulting Florida Li	mited Cor	npany)			
	s of Conversion, Artic a "Florida Limited Li	_					ther
Please return all corre	espondence concernin	g this matter to	o:				
Walter Wagner							
	(Contact Person)		· 				
GoAlloys LLC							
	(Firm/Company)						
5570 Spectre Circle Ap	ot# 206						
	(Address)						
Ft Myers FL 33908							
	City, State and Zip Code)						
wally@goalloys.com							
E-mail Address: (to b	e used for future annual re	port notifications	<u>s)</u>				
For further informati	on concerning this ma	tter, please cal	11:				
Walter Wagner		_at (<u>630</u>)240-	5555	_		
(Name of Conta	ict Person)		de) (Da	ytime Telephone Number)		
	for the following amous a bank located in the		-	sed by this office mus	st be paya	ble in l	JS
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Fil and Certified (☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	10 Min 10	2021 AFR	
Mailing Add				t Address:	200 200 147,	15	
New Filing S				Filing Section		AM	177
Division of C P.O. Box 632	-			sion of Corporations Centre of Tallahassee	500 M		U
Tallahassee, l				N. Monroe Street, Su	ite 810	90 :	
			Talla	hassee, FL 32303	,	J.	

TO: New Filing Section Division of Corporations

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GoAlloys 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
Aug 16 2013 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GoAlloys 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.
TOZI APR 15

Signed this	6th day of December	20	
Signature o	f Authorized Representative of L.	imited Liability Company:	
		1 · - · · ·	
Signature of	Authorized Representative: 4/4	un vox ra	
Printed Nam	e: Walter Wagner	Title: Owner	
Signature(s)	on behalf of Other Business Entity	<u>y:</u> See below for required signatu	re(s)]
	WALTER MAGNE	1	
Signature: 1	11/01/20 11/2/2016	THE THE CHANGE	
Printed Nam	e VALIER DUIT BIVE	Title: Ottown	
Signature:			
Printed Nam	e:	Title:	
Signature: _			
Printed Nam	e:	Title:	
Signature: _	e:		
Printed Nam	e:	Title:	
Cianatura:			
Printed Nam	e:	Title:	
T THILCH TYMIN	·		
Signature:			
Printed Nam	e:	Title:	
If Florida C		org.	
	Chairman, Vice Chairman, Director,		
II Directors	or Officers have not been selected, ar	incorporator must sign.	
If Florida G	eneral Partnership or Limited Lia	bility Partnership:	
	one General Partner.		
J			
	imited Partnership or Limited Lia	bility Limited Partnership:	
Signatures o	f ALL General Partners.		
A 30 . Alb and			
All others:	an authorized person.		
Signature or	an authorized person.		
Fees:			
Artia	cles of Conversion:	\$25.00	
	for Florida Articles of Organization		
	ified Copy:	\$30.00 (Optional)	· ·
	ificate of Status:	\$5.00 (Optional)	
· ·		•	_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Compan	y is:	
GoAlloys LLC		
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Lir	nited Liability Company is:
Principal Office Address:	Mailing Address:	
GoAlloys LLC	GoAlloys LLC	
5570 Spectre Circle Apt 206	5570 Spectre Circle Ap	ot 206
Ft Myers FL 33908	Ft Myers FL 33908	
The name and the Florida street address of Kelcey Wagner	Name	_
5570 Spectre Circle Apt 2	206	
	(P.O. Box <u>NOT</u> acceptable)	
Ft Myers	FL 33908	_
City	Zip	
V	ed in this certificate, I hereby apacity. I further agree to co lete performance of my dutie	y accept the appointment as omply with the provisions of all s, and I am familiar with and

A D	T	C	137
+		 LIFA	1 V -

.

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				
Janet Wagner AMBR	5570 Spectre Circle			
	Ft Myers FL 33908			
				
	<u></u>			
	•			
(Use attachment if necessary)				
CLERT OF THE				
CLE V: Other provisions, if any.				
				
REQUIRED SIGNATURE:				
REQUIRED/SIGNATURE:				
MARKA MAGOUL				
100-00 10-00 10-				
Si 6 A				
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that			
i nis document is executed in accordance	with Section 003,0203 (1) (0), riorida Statutes, I am aware that			
any false information submitted in a docu-	ment to the Department of State constitutes a third degree felony			
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 felony			

Typed or printed name of signor

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$20.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)