122000357408

(Red	uestor's Name)	
(Add	dress)	
(A.I.)		
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	-iling Officer:	· · · · · ·





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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: Secured Overhead Doors LLLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [imited partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
04/25/2022 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Secured Overhead Doors 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.

Signed this 26th day of April	20_22	
Signature of Authorized Representative of Lim	nited Liability Company:	
Signature of Authorized Representative:Printed Name: April Ravenscroft	Title: member	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: And Rake wick of Printed Name: April L Ravenscroft		
Printed Name: April L Ravenscroft	Title: general partner	
Signature:		
Printed Name: Tony J Ravenscroft	Title: general partner	
Signature: / New /401		
Signature: Add Add Printed Name: Chad E Page	Title: general partner	
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 In	corporator must sign.	
lf Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others:		200
All others: Signature of an authorized person.		2022 K. T
Fees:		Ξ. Ξ
Articles of Conversion:	\$25.00	7
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy; Certificate of Status;	\$30.00 (Optional) \$5.00 (Optional)	. ↓ 05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Secured Ov	erhead Doors L.L.C.	
	(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE	II - Address:	
The mailing	gaddress and street address of the	e principal office of the Limited Liability Company:
Principal C	Office Address:	Mailing Address:
6800 Gulfpo	rt Blvd, Suite 201-156	
South Pasad	dena FL 33707	
		<u> </u>
(The Limited Li		red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
(The Limited Li business entity	iability Company cannot serve as its own R	egistered Agent. You must designate an individual or another
(The Limited Li business entity	iability Company cannot serve as its own R with an active Florida registration.) Indicate the Florida street address of the Betheny Buster	egistered Agent. You must designate an individual or another
(The Limited Li business entity	iability Company cannot serve as its own R with an active Florida registration.) Indicate the Florida street address of the Betheny Buster No. 1	egistered Agent. You must designate an individual or another ne registered agent are:
(The Limited Li business entity	iability Company cannot serve as its own R with an active Florida registration.) Ind the Florida street address of the Betheny Buster No. 6800 Gulfport Blvd, Suite 2	egistered Agent. You must designate an individual or another ne registered agent are:
(The Limited Li business entity	iability Company cannot serve as its own R with an active Florida registration.) Ind the Florida street address of the Betheny Buster No. 6800 Gulfport Blvd, Suite 2	egistered Agent. You must designate an individual or another ne registered agent are:
(The Limited Li business entity	iability Company cannot serve as its own R with an active Florida registration.) Ind the Florida street address of the Betheny Buster No. 6800 Gulfport Blvd, Suite 2 Florida street address (Florida street address)	egistered Agent. You must designate an individual or another ne registered agent are: ame 201-156 P.O. Box NOT acceptable)

(CONTINUED)

ARTICLE I	١	ν.	
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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	T 10 /	
MGR	Tony J Ravenscroft	
	6800 Gulfport Blvd, Suite 201-156	
	South Pasadena FL 33707	
AMBR	Betheny Buster	
AIVIDR	6800 Gulfport Blvd, Suite 201-156	
	South Pasadena FL 33707	
	South Pasadena FL 33707	
		
(Use attachment if necessary)		
LE V: Other provisions, if any.		
DEALIDED CLASSATUDE		
REQUIRED SIGNATURE:		
	\mathcal{A}	
- 1 m		
Signature of a member or	r an authorized representative of a member	
any false information submitted in a doct	te with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel	
as provided for in s.817.155, F.S.	ament to the troparation of state constitutes a find degree tel	

Tony Ravenson Lyped 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)