

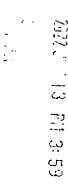
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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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.

(Enter Name of Other Business Entity)	
(Enter Name of Other Business Entry)	
2. The "Other Business Entity" is a <u>(a, par, tree)</u> (Enter entity type. Example: corporation, limited parlnership, general partnership, common	n law or business trust, etc.
First organized, formed or incorporated under the laws of Michigan (Enter state, or if a non-U.S. entity, the	
(Enter state, or if a non-U.S. entity, the	name of the country)
on December 21 1995	
on <u>December 21 1995</u> (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
Mers in Dekin Ferrag L.C.C. (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 6/1/3c 22.	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 the date this document is filed by the Florida Department of State.)	) calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	_
	2372 (***) 13
	. <u>:</u>
	3

Sigr	ned this day of	20 <u></u>		
Sign	ature of Authorized Representative of Lin	nited Alability Company:		
Sign Print	ature of Authorized Representative:	Wille: CFO		
Sign	ature(s) on behalf of Other Business Entity:	Sog below for required signature(s)		
Signa Print	ed Name: Rocky A Mersing	Title: Characa		
Signa Printe	uture: ed Name:	Title:		
	uure: ed Name:			
Signa Printe	ture:ed Name:	Title:		
Signa	ture:			
1 111116	ed ivalite.	I ille:		
Signa Printe	ture:d Name:	Title:		
If Flo Signa If Dire	rida Corporation: ture of Chairman, Vice Chairman, Director, or ectors or Officers have not been selected, an In	Officer. corporator must sign.		
If Flo. Signat	rida General Partnership or Limited Liabili ure of one General Partner.	ty Partnership:		
If Flo	rida Limited Partnership or Limited Liabili ures of <u>ALL</u> General Partners.	tv Limited Partnership:		
All oth Signar	ners: ure of an authorized person.			
Fees:			;! 	2022
	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 JCT 13 Fil 3: 5:
				0

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Mailin	ng Address:
Meternom, NI 434 ST	All Timequen Trail Edgenotes, FL 32132
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	
The name and the Florida street address of the registered	d agent are:
Registered Agast Sol- Name	tion, Inc
155 Office Plaza Dr. Florida street address (P.O. Box N	OT acceptable)
<u>Tallahassee</u> FL City	32301 Zip
Having been named as registered agent and to accept liability company at the place designated in this cerregistered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performa accept the obligations of my position as registered to	tificate, I hereby accept the appointment as ther agree to comply with the provisions of al nee of my duties, and I am familiar with and
Bearing Wangel	
Registered Agent's Signature (R	EQUIRED)
(CONTINUED)	

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
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	<del></del>
CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	· ·
REQUIRED SIGNATURE.	
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· ·	<i>∖</i> \
Signature of a member or a	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 docum	nent to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	V
	JOE BOJNJ - CFO
Lyp	ped or printed name of signee
	Ciling Coop

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)