# 120030513/

(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:

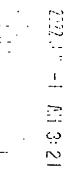




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#### COVER LETTER

Division of Co					
SUBJECT: Custom C	are RV Service, LLC				
SUBJECT:	(Name of Res	ulting Florida Limit	ed Com	bany)	
The enclosed Articles Business Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organizationability Company	on, and " in ac	l fees are submitted to convert cordance with s. 605,1045, F.S	an "Other 8.
Please return all corres	spondence concerning	g this matter to:			
Janey Gurr					
	(Contact Person)				
KKOS Lawyers					
	(Firm/Company)				
1883 W. Royal Hunte D	rive, Suite 200				
	(Address)				
Cedar City, UT 84720					
(Ci	ty, State and Zip Code)				
janey.gurr@kkoslawyer	s.com				
E-mail Address: (to be	used for future annual re	port notifications)			
For further information	n concerning this ma	ter, please call:			
Janey Gurr		at ( 435	586-9	366	
(Name of Contact	(Person)		(Day	time Telephone Number)	
dollars and drawn on a  \$\Boxed{s}\$ \$150.00 Filing Fees			Fees	ed by this office must be payal  S185.00 Filing Fees.  Certified Copy, and	ole in US
& \$125 for Articles of Organization)	Status			Certificate of Status	Pr. q
Mailing Addre	<u>:88:</u>		Street	Address:	~ 1
New Filing Sec	ction			iling Section	•
Division of Co P.O. Box 6327	•			on of Corporations entre of Tallahassee	:
Tallahassee, Fl				N. Monroe Street, Suite 810	: •
			Tallah	iassee, FL 32303	

### 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Custom Care RV Service, ELC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (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)
12/07/2018 on
12/07/2018 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Custom Care RV Service, 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.
<ol> <li>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.</li> </ol>

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mental and the second	- 10 - 4	Title: Manager	
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Printed Starce		Tide:	
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
rinted Name:		Title:	·····
rinted Name:		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 Plorida Limited Parenership, or Limited Limited Parenership: Signatures of AUL General Partners.

#### All others:

Signature of an ataboric dipers at

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Attached Comme Wees for Florida and teach Organization: \$125.00 Centred Cept Certificate of Stall of

\$25,00 \$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Custom Care RV Service, LLC	rited Liability Company, "L.U.C.," or "ELC.")
total contain the words. Uni	· · ·
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is
<u> Principal Office Address:</u>	Mailing Address:
0700 NIC 11945 Tayraa	9790 NE 118th Terrace
	STOCKE TRUIT TENEDO
9790 NE 118th Terrace Bronson, FL 32621	Bronson, FL 32621
0700 NE 1100 Tarres	9790 NE 118th Terrace

Registered Agent Solutions.	Inc.
Nan	ne
155 Office Plaza Drive, Suite	e A
Florida street address (P.	O. Box <u>NOT</u> acceptable)
Tallahassee	FL <sup>32301</sup>
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. Thereby 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.,

(CONTINUED)

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** ** ***	George Michael Schla	
·	97 30 ME 118th Temace	
	Bronson, Fl. 32821	
******	Jennifer Ann Stoffa	
	9790 NE 118th Terrade	
	Bronson, FL 32621	- <del> </del>
		<del></del>
		<del></del>
(Use attachment if necessary)		
(Use attachment if necessary)  CLE V: Other provisions, if any.		
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:		:
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:		****
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:		1 v
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	authorized representative of a member section 605,0203 (1) (b), Florida Statutes, La	in aware ti
Signature of a member or an Plus document is executed in a coordance with any false information submitted in a document as provided for in s.817.155. F.S.	authorized representative of a member section 605,0203 (1) (b), Florida Statutes, La	ber degree feld

Filing Fees
#125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
#5-30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### CMC APPAREL LLC 0450483244

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 21, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

CONOR THOMAS BRENNAN 501 N. LAKE SHORE DR. BRICK, NJ 08723

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 25, 2021.

GENERAL PARTNER

CONOR T BRENNAN 2416 16TH AVE SW VERO BEACH, FL 32962



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of June, 2022

de se de Mun-

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6133289269

Verity this certificate online at

https://www.l-state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp