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(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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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	08/01/2022	7.11
		Acc#I20160000072	4:1 DW
Name:	Star Brite E	urope, Inc.	
Document #:			
Order #:	14468483		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 180.00 Thank you!	22 NUE - 1 Nis 1:46

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: Star Brite Europe, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Effect state, of it a non-old, the hanc of the country)
July 17, 1989 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:
Star Brite Europe, 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 <u>lst</u> day of <u>August</u>	_ 20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Title: President
Signature(s) on bohalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Peter Dornau	Title: Director
Signature: Marten Dornau Printed Name: Maureen Dornau	Title: Director
Signature: Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Star Brite Europe, LLC	
(Must contain the words "Limited Liability	Company, "LLLC.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
	N# :10 A.J.J
Principal Office Address:	Mailing Address:
1601 SE 10th Street,	1601 SE 10th Street,
Fort Lauderdale, FL 33314	Fort Lauderdale, FL 33314
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
·	·
The name and the Florida street address of the re	egistered agent arc:
Peter Dornau	
Name	
1601 SE 10th Street,	
Florida street address (P.O.	Box NOT acceptable)
·	
Fort Lauderdale	FL ³³³¹⁴ Zip
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, I hereby accept the appointment as
registered agent and agree to act in this capaci	ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and
accept the obligations of my position as reg	sistered agent as provided for in Chapter 605, F.S
the print of the same of the s	
- awa	ature (REOUIRED)

(CONTINUED)

ARTICLE IV-

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	ODE Holden (co
AMBR	SBE Holdco, Inc.
	1601 SE 10th Street,
	Fort Lauderdale, FL 33314
	
(Use attachment if necessary)	
•	
CLETT OIL 11 10	
CLE V: Other provisions, if any.	
LE V: Other provisions, it any.	
LE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	- m
	,
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a document is a document in	with section 605,0203 (1) (b). Florida Statutes, I am aware t
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware ti
Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605,0203 (1) (b). Florida Statutes, I am aware ti
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Peter Dornau	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware to ment to the Department of State constitutes a third degree felor ped 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)