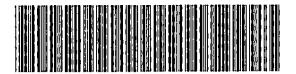
# L2200356133

(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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W22-7132:





May 31, 2022

JAMES BRAGG JAB1 INC 555 JONES RD AUBURNDALE, FL 33823

SUBJECT: JAB1 INC

Ref. Number: W22000071322

We have received your document for JAB1 INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing. Also, the word "Owner " cannot be used as a title. Please correct all places where used.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 722A00012237

www.sunbiz.org

District of Court of the D.O. DOV COOF Mellaharra Florida 2021

#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: JAB 1 INC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
James Brace (Contact Person)
JABIINC (Firm/Company)
555 Jones Rd (Address)
Auburnable FL 33833 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Tames Brace at (863) 585-7820  (Name of Contact Person) . (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$2\$ for Conversion and Certificate of Status  \$125 for Articles of Organization)  \$155.00 Filing Fees and Certified Copy  \$185.00 Filing Fees Certified Copy, and Certificate of Status
Mailing Address:  Now Filling Section
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Forida (Enter state, or if a non-U.S. entity, the name of the country)
on March 19, 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TAB 1 LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3-19-205.  (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.

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Signed this day of April	20 <u>.a.a.</u> .			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative:  Printed Name: XXXXX BCCC	Title: OTOPEC AMBRX			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
Signature: Signature: James Bragg Y	Title: AMBR Director X			
Signature:Printed Name:	_Title:			
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 Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	SLUKÉ	2022 MAY	-1
All others: Signature of an authorized person.		ASSEE.	1	
<u>Fees:</u>		FL QG	PH 5:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		23	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Matticle II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Some  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  James Back  Name  Some  Name  James Back  Florida street address (P.O. Box NOT acceptable)  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 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.	The name of the Limited Liability Company is:			
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Some  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    The name and the Florida street address of the registered agent are:    The name and the Florida street address (P.O. Box NOT acceptable)   The properties of 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 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	JAG1 LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    James Brace   Name   Not acceptable   Name   Not acceptable   Not acce		incipal office of the Limited Liability C	ompany	y is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Some   Company   Co	Principal Office Address:	Mailing Address:		
The name and the Florida street address of the registered agent are:    The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address (P.O. Box NOT acceptable)   The Florida street address (P.O. Box NOT ac	555 Jones Rd Auburariolle, Fl 33823	50me.		
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptabl	(The Limited Liability Company cannot serve as its own Registe	Office, & Registered Agent's Signatured Agent. You must designate an individual or ano	ire: ther	
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liability company at the place designated in this certificate, I hereby 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	Aubumdale City	FL 33823 FS	PH 5: 2	C.
A July	liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	this certificate, I hereby accept the appoity. I further agree to comply with the properformance of my duties, and I am famil	intmeni ovision: iar with	t as s of al i and
Registered Agent's Signature (REOURED)	(2)	ATTIVE (RECHIRED)		

(CONTINUED)

James Bragg	
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Auburndale, FL 33823	
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ARTICLE IV-

as provided for in s.817,155, F.S.

Typed 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)

any false information submitted in a document to the Department of State constitutes a third degree felony