# 22000431431

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
| L                       |                   |           |

Office Use Only



900394805709

03/26/22--01045--010 \*\*150.00

22 SEP 26 PH 3: 30 SECRETARY OF SALE

FILED

# **COVER LETTER**

| TO: New Filing S<br>Division of O  |   |                                      |                             |  |           |                 |              |
|--|---|--------------------------------------|-----------------------------|--|-----------|-----------------|--------------|
| GRC  | DUP AUTO SALES LL                                 | С                                    |                             |  |           |                 |              |
| SUBJECT.   | (Name of Re                                       | sulting Florida Limi                 | ted Com                     | pany)  |           |                 |              |
|  | es of Conversion, Artic<br>o a "Florida Limited L | _                                    |                             |  |           |                 | ther         |
| Please return all corr   | respondence concernin                             | g this matter to:                    |                             |  |           |                 |              |
| YKL J SAMPA  | AIO   |                                      |                             |  |           |                 |              |
|  | (Contact Person)                                  |                                      | -                           |  |           |                 |              |
|  | (Firm/Company)                                    |                                      | •                           |  |           |                 |              |
| 8050 N UNIVE   | RSITY DR STE 206                                  |                                      | _                           |  |           |                 |              |
|  | (Address)   |                                      |                             |  |           |                 |              |
| TAMARAC, FL  | . 33321   |                                      |                             |  |           |                 |              |
| YLK2011@LIV  | City, State and Zip Code)<br>E.COM                |                                      |                             |  |           |                 |              |
| E-mail Address: (to b  | be used for future annual re                      | port notifications)                  | -                           |  |           |                 |              |
| For further informati  | ion concerning this ma                            | tter, please call:                   |                             |  | TAT<br>SS | 22              |              |
| YKI. J SAMPAIO   |   | at ( 754                             | 757                         | 7-7190   | 는당<br>속낊  | 97. d3S         |              |
| (Name of Cont  | act Person)                                       | (Area Code)                          | (Dayı                       | time Telephone Number)   | _ 25 H    | )               | F            |
| Enclosed is a check dollars and drawn or   | for the following amou<br>a bank located in the   | int: (All checks p<br>United States) | rocessi                     | ed by this office must   | be payab  | le <u>rin</u> l | JS <b>IT</b> |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees and Certificate of Status   | S180.00 Filing and Certified Cop     |                             | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status                             |           | 30              |              |
| Mailing Add<br>New Filing S<br>Division of C<br>P.O. Box 631<br>Tallahassee.             | Section<br>Corporations<br>27                     |                                      | New F<br>Division<br>The Co | Address:<br>Filing Section<br>on of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suit | te 810    |                 |              |

Tallahassee, FL 32303

# **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 GROUP AUTO SALES INC   | of Conversion is:           |
|---|-----------------------------|
| (Enter Name of Other Business Entity)   |                             |
| The "Other Business Entity" is aCORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common   | law or business trust etc.) |
|   | and districts dustreet,     |
| First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the no   | une of the country)         |
| on 09/21/2011   |                             |
| (date of organization, formation or incorporation)  |                             |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Article   | es of Organization:         |
| GROUP AUTO SALES LLC  |                             |
| (Enter Name of Florida Limited Liability Company)   |                             |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 of 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 we document's effective date on the Department of State's records.  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<br/>which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>  | rights the amount to        |

| Signed this 19 day of SEPTEMBER 2022  |
|---|
| Signature of Authorized Representative of Limited Liability Company:  |
| Signature of Authorized Representative:   |
| Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  |
|   |
| Signature: Signature: Printed Name: YLK J SAMPAJO Title: P  |
| Signature: Jadna Maset  |
| Printed Name: JADNA MASET Title: VP   |
| Signature:  |
| Signature: Title:   |
| Signature:  |
| Printed Name: Title:  |
| Signature:  |
| Printed Name: Title:  |
| Signature:  |
| Printed 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 Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  |
| All others: Signature of an authorized person.  |

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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

|   | In' | T' |    | T  |     | ·  |     |
|---|-----|----|----|----|-----|----|-----|
| \ | ĸ   | 11 | L. | Lt | 1 - | Na | me: |

The name of the Limited Liability Company is:

#### GROUP AUTO SALES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | <u>Mailing Address:</u> |
|---------------------------|-------------------------|
| 5615 NW 8TH ST            | 5615 NW 8TH SR          |
| SUITE 8                   | SUITE 8                 |
| MARGATE, FL 33063         | MARGATE, FL 33063       |

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:

| JADNA MASET                  |                     |
|------------------------------|---------------------|
| Name                         |                     |
| 5615 NW 8TH S                | T SUITE 8           |
| Florida street address (P.O. | Box NOT acceptable) |
| MARGATE                      | 33063<br>FL         |
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address:  |                        |
|--|--|------------------------|
| "MGR" = Manager MGR MGR                  | YLK J SAMPAIO  5615 NW 8TH ST SUITE 8  MARGATE, FL 33063 | -<br>-                 |
| MGR                                      | JADNA MASET  5615 NW 8TH ST SUITE 8  MARGATE, FL 33063   | -<br>-<br>-            |
|  |  | -<br>-                 |
|  |  | -<br>-<br><del>-</del> |
| (Use attachment if necessary)            |  | 22 SEP :               |
| RTICLE V: Other provisions, if any.      |  | 26 PH 3:               |
|  |  | <u>:</u><br>သ          |

**REQUIRED SIGNATURE:** 

Signature of a member or 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

#### YLK J SAMPAIO

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)