

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. SCOTT

NOV - 8 2022



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CA (AND THR VIDEO FRANCHISHIG FRANCHISHIG DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 2022 NOV -1 PM 6: 10

COVER LETTER

TO: New Filing Section Division of Corporatio	ns		
SUBJECT: Mike's One Stop A	uto Repair, LLC		
SOBJECT.	(Name of Resulting Florida Limi	(ted Company)	
		ion, and fees are submitted to convert an "Othoy" in accordance with s. 605.1045, F.S.	
Please return all correspondence	ce concerning this matter to:		
Michael E. Gool			
(Contact	(Person)	_	
Mike's One Stop Auto Repair, LL	.C.		
(Firm/Co	ompany)	-	
3052 Dixie Highway NE			
(Add	lress)	_	
Palm Bay, FL 32905			
(City, State a	and Zip Code)	_	
mikesonestopautorepair@gmail.	com		
E-mail Address: (to be used for f	future annual report notifications)	_	
For further information concer	ming this matter, please call:		
Michael E. Gool	at (⁷⁷²	713-0746	
(Name of Contact Person)		(Daytime Telephone Number)	
Enclosed is a check for the fol dollars and drawn on a bank to		processed by this office must be payable in US	
	0 Filing Fees	•	
Mailing Address:		Street Address:	
New Filing Section		New Filing Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 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 of Conversion is: Michael's Automotive of Brevard INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(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)
6/28/2022 on
(date of organization, formation or incorporation)
Mike's One Stop Auto Repair, 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 27	day of October	20 <u>22</u>
Signature of Aut	horized Representative of Limi	ted Liability Company:
a:		• -
Signature of Auth	norized Representative:	mid Mombor
Printed Name: MIC	hael E. Gool	Title: Member
Signatura(s) on b	obalf of Other Rusiness Entity	See below for required signature(s)
Signature(s) on o	"	the below for required signature (s);
Signature:		
Printed Name: Mic	hael E. Gool	Title: CEO
	_	
Signature:		
Printed Name:		Title:
Signature:		<u> </u>
Printed Name:		
Signature:		Title:
Printed Name:		Little:
6.		
Signature:		Title:
rrinted Name;		THIC
Cimatura		
Drinted Name:	*****	Title:
rimed Name		
If Florida Corpo	ration:	
	rman. Vice Chairman, Director, or	Officer.
	ficers have not been selected, an In	
If Florida Gener	<u>al Partnership or Limited Liabili</u>	ty Partnership:
Signature of one (General Partner.	
*	d Partnership or Limited Liabili	ty Limited Partnership:
Signatures of AL	<u>L</u> General Partners.	
All others:	4	
Signature of an au	ithorized person.	
Fees:		
A 1	S.C. and and and	\$25.00
	of Conversion:	\$25.00
	Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified	• •	\$30.00 (Optional)
Certificat	e of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Mike's One Step Auto Bengir 11.C			
Mike's One Stop Auto Repair, LLC. (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	 	
ARTICLE II - Address:	* 1 007 Call of 1 1 acts of 1	1-0-004	
The mailing address and street address of the pri	ncipal office of the Limited L	лавицу Со	mpany is:
Principal Office Address:	Mailing Address:		
3052 Dixie Highway NE	3052 Dixie Highway NE		
Palm Bay, FL 32905	Palm Bay, FL 32905		
			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an indi	's Signatui vidual or anoth	re: lier
	Č Č		
Michael E. Gool			
Name			
3052 Dixie Highway NE			
Florida street address (P.O.	Box NOT acceptable)		
Palm Bay	FL ³²⁹⁰⁵		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certificate. I hereby accepty. I further agree to comply verformance of my duties, and distered agent as provided for i	ot the appois with the pro Lam familia	ntment as visions of all ar with and 505, F.S
(CONTIN	UED)	ON THE KNOTOR VIDEO OF CURPORATIONS TALL ANA SSEE, FLORIDA	FILED 2022 NOV-1 PH 6: In

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 **AMBR** Michael E. Gool 3052 Dixie Highway NE Palm Bay, FL 32905 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **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

Typed or printed name of signee Filing Fees

ARTICLE IV-

as provided for in s.817.155, F.S.

Michael E. Gool