# L23000021029

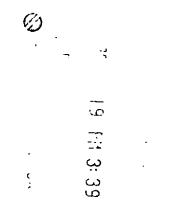
| (Requestor's Name)           |
|------------------------------|
|                              |
| (Address)                    |
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| (City/State/Zip/Phone #)     |
| (,,                          |
| PICK-UP WAIT MAIL            |
|                              |
| (Business Entity Name)       |
|                              |
| (Document Number)            |
|                              |
| pies Certificates of Status  |
|                              |
| structions to Filing Officer |
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| Office Use Only              |
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FILED
23 JAN 20 PM 2: 36
SECRITARY OF TALL ANASSEE TO SECRETARY

01/20/23--01001--005 \*\*185.08



### **COVER LETTER**

| New Fil  | _                       |         |  |                                     |           |  |                                     |         |
|--|-------------------------|---------|--|-------------------------------------|-----------|--|-------------------------------------|---------|
| Division   |                         | •       |  |                                     |           |  |                                     |         |
| .CT:   | JI                      | _ (     | Handi work                               | LLC                                 |           |  |                                     |         |
|  |                         |         | (Name of Res                             | ulting Florida Lin                  | nited Cor | npany)   |                                     |         |
|  |                         |         |  | _                                   |           | nd fees are submitted to e<br>ecordance with s. 605.10                 |                                     | her     |
| eturn al   | l corre                 | espon   | dence concerning                         | g this matter to:                   | :         |  |                                     |         |
| ohna   | thar                    | `       | Gruber ntact Person)                     |                                     |           |  |                                     |         |
|  |                         |         |  |                                     | _         |  |                                     |         |
| L6   | Ha                      | ndi     | work 116.                                |                                     |           |  |                                     | •       |
|  | [ , , ,                 | (Fir    | worle <u>LLC</u><br>m/Company)           | ·                                   | _         |  |                                     |         |
| 1505   |                         | -       | Marla S                                  | ł.                                  |           |  |                                     |         |
| 6505   |                         | . /     | Morley S                                 | <u> </u>                            | _         |  |                                     |         |
| Inve   | cne.                    | SS.     | FL 340 ate and Zip Code)                 | 452                                 |           |  |                                     |         |
| <u> </u>   | (C                      | ity, Si | ate and Zip Code)                        |                                     | _         |  | TAL S                               | ,       |
| <u>Ohna</u><br>il Addres                         | <i>tha</i><br>s: (to be | ne used | gruber e g<br>for future annual rep      | ort notifications)                  | <u>n</u>  |  | 23 JAN 20<br>SEURETARN<br>ALLAHASSI | 7       |
| her info   | rmatic                  | on co   | ncerning this mat                        | ter, please call:                   | :         |  | 20 PM 2: 36                         | 7 1 1 1 |
| ohnath   | 197                     | 60      | uber                                     | at ( 787                            | ) 2       | 109-0571   | 7 · 💫                               |         |
| (Name of   | t'Conta                 | ct Pers | son)                                     | (Area Cod                           | e) (Day   | rtime Telephone Number)  | 36                                  |         |
|  |                         |         | following amounk located in the l        |                                     | proces:   | sed by this office must be   |                                     |         |
| 00 Filing<br>Conversic<br>or Article<br>ization) | on                      |         | 55.00 Filing Fees<br>Certificate of<br>s | □\$180.00 Filin<br>and Certified Co | -         | ☑\$185.00 Filing Fees.<br>Certified Copy, and<br>Certificate of Status |                                     |         |
| N.W 211  |                         |         |  |                                     | <b>.</b>  | • • d.d  |                                     |         |
| <u>Mailing</u><br>New Fil                        |                         |         |  |                                     |           | t Address:<br>Filing Section   |                                     |         |
| Division   | -                       |         |  |                                     |           | ion of Corporations  |                                     |         |
| P.O. Bo  |                         |         |  |                                     |           | Centre of Tallahassee  |                                     |         |
| Tallaha  |                         |         | 214                                      |                                     |           | N. Monroe Street Suite   | 910                                 |         |

Tallahassee, FL 32303

# Articles of Conversion For

## "Other Business Entity"

Into

# Florida Limited Liability Company

| actes of Conversi      | ion <u>and attached Articles of</u> | Organization are | : submitted to convert | are ronowing     |
|------------------------|-------------------------------------|------------------|------------------------|------------------|
| <b>Business Entity</b> | 🕆 into a Florida Limited Li         | ability Company  | in accordance with s.6 | 05.1045, Florida |
| i.                     |                                     |                  |                        |                  |

| name of the "Other Business Entity" immediately prior to the filing of the Articles of C  | Conversion is:        |
|---|-----------------------|
| (Enter Name of Other Business Entity)   |                       |
| "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or  |                       |
| ganized, formed or incorporated under the laws of Washing ton (Enter state, or if a non-U.S. entity, the name)  | ighe c <b>hà</b> ntà) |
| 3/17/2022<br>of organization, formation or incorporation)   |                       |
| name of the Florida Limited Liability Company as set forth in the attached Articles of  | Organization -        |
| (Enter Name of Florida Limited Liability Company)  of effective on the date of filing, enter the effective date: 1/19/2423  fective date: Cannot be prior to date of receipt or filed date nor more than 90 caler e this document is filed by the Florida Department of State.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not it's effective date on the Department of State's records. | -                     |
| plan of conversion has been approved in accordance with all applicable statutes.  |                       |
| 'Converted or Other Business Entity' has agreed to pay any members having appraisal righ h such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.   | ts the amount to      |

| are of Authorized Representative of Limi  | ited Liability Company:               |                                       |    |
|---|---------------------------------------|---------------------------------------|----|
| nre of Authorized Representative:   | to 2 Aul                              |                                       |    |
| Name: Johnathan L. Gryper   | Title:Munber                          | _                                     |    |
| ire(s) on behalf of Other Business Entity:  | [See below for required signature(s)] |                                       |    |
| re: Johnathan L. Grub.  |                                       |                                       |    |
| Name:   | Title:                                | -<br>-                                |    |
| re: While I Mil   |                                       |                                       |    |
| re: Johnsthan L. Gruber   | Title: Member                         | -                                     |    |
|   |                                       |                                       |    |
| re:<br>Name:  | Title:                                | -                                     |    |
| re:Name:  |                                       | _                                     |    |
| Name:   | Title:                                | -                                     |    |
| re:Name:  |                                       | <del>-</del>                          |    |
| Name:   | latle:                                | -                                     |    |
| re:<br>Name:  | 79.1                                  | _                                     |    |
| Name:   | Fitte:                                | -                                     |    |
| da Corporation:   | A.P.                                  | TAS 2                                 |    |
| re of Chairman, Vice Chairman, Director, or tors or Officers have not been selected, an Inc |                                       | 23 JAN 20<br>SECRE LAKY<br>FALLAHASS! | 77 |
|   |                                       | - 12                                  |    |
| da General Partnership or Limited Liabili re of one General Partner.                        | ty Partnership:                       | ст., то                               | m  |
| do I imited Doutsoughin on timited tinbili  | to I instead Danta anaking            | M 2: 31                               |    |
| da Limited Partnership or Limited Liabilities of ALL General Partners.                      | ty Limited Partnership:               | 2: 36                                 |    |
| ers:  |                                       |                                       |    |
| re of an authorized person.   |                                       |                                       |    |
|   |                                       |                                       |    |
| Articles of Conversion:   | \$25.00                               |                                       |    |
| Fees for Florida Articles of Organization:  | \$125.00                              |                                       |    |
| Certified Copy:   | \$30.00 (Optional)                    |                                       |    |
| Certificate of Status:  | \$5.00 (Optional)                     |                                       |    |

this 19th day of January 20 23.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:  |   |
|--|---|
| JLG Hand; work LLC  (Must contain the words "Limited Liability   | Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the prin   | ncipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 1505 E. Morley St<br>Inverness, FL 34452   | 6505 E. Murley St.  Inverness, FL 34452   |
| 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 re-   |   |
| 6505 E. Mortey<br>Name   | St. (SLE) Johnathan Gruber  |
| 10505 E. Morley<br>Florida street address (P.O.  | Box NOT acceptable)  FL 34452  Zip  accept service of process for the above-stated fimited  |
| Inverness  | FL 34452 HAS E  |
| City   | Zip RR O  |
| registered agent and agree to act in this capacit<br>statutes relating to the proper and complete pe   | accept service of process for the above-stated limited this certificate. Thereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S., |
| Registered Agent's Signa   | 1   |
| Registered Agent's Signa   | iture (REQUIRED)  |

(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 AMBA                            | Johnathan L. Gruber<br>6505 E. Morley St.<br>Inverness, FL 34452   |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
| TCLE V: Other provisions, if any,  | 23 JAN<br>SECRE<br>TALL YHM  |
| REQUIRED SIGNATURE:  | 20 PH 2:   |
| Signature of a member or an a This document is executed in accordance with | section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony |
| Johnathan L. Gruber<br>Typed   |  |
| Typed o  | 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)