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(Requ	iestor's Name)	
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PICK-UP	WAIT	MAIL
(Busii	ness Entity Na	me)
(Docu	iment Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
W23000 126.08		





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01/13/23--01021--027 **155.00

SECRETARY OF STATE

FILED

J



January 31, 2023

DAVID HILLILA 1010 DRUID RD E CLEARWATER, FL 33756

SUBJECT: NORTH LOOP RENTALS LLC

Ref. Number: W23000012608

We have received your document for NORTH LOOP RENTALS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 023A00002263

COVER LETTER

TO:	New Filing S Division of C						
SUR	IFCT: North Lo	op Rentals , LLC					
COB	,ECT	(Name of Res	ulting Florida I	imited Co	mpany)		
		s of Conversion, Artic o a "Florida Limited Li					"Other
Please	e return all corr	espondence concernin	g this matter	to:			
David	Hillila						
		(Contact Person)	- <u></u>				
North	Loop Rentals, L	LC					
		(Firm/Company)					
1010	Druid Rd E						
		(Address)	 				
Clean	water, FL 33756						
	(City, State and Zip Code)					
fast@	tempswitch.com						
E-r	mail Address: (to b	oc used for future annual re	port notification	18)		$\vec{\lambda}_{c}$,	
For fi	arther informati	on concerning this ma	tter, please ca	all:		ECRE LLAH	
David	Hillila		at (²¹⁸	,393-	0890	iar Ass	
	(Name of Conta	act Person)		ode) (Da	ytime Telephone Numbe	· (*)	
		for the following amou a bank located in the			sed by this office mu	ust be payable	£
(\$25 fc & \$12;	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 F and Certified		☐\$185.00 Filing Fee Certified Copy, and Certificate of Status	···S.,	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee	ection Corporations 27		New Divis The (et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, S.	e	

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 Article North Loop Rentals, LLC	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (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 i	iame of the country)
on 81/11/2028 03/13/19	
(date of organization, formation or incorporation)	2 IAL
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	ட்டு ω lesஹ்‡Or g aniza ரரா :
North Loop Rentals, LLC	IAR IAR
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	PH E
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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 11th day of January	20 23		
Signature of Authorized Representative of Lim	ited Liability Company:		
	30		
Signature of Authorized Representative:			
Printed Name: David Hillila	Title: President		
		_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
$\mathcal{A} \mathcal{M}$			
Signature:		_	
Printed Name: David Hillila	Title: President	_	
Signature:			
Signature: Printed Name:	Title:	_ _	
Signature:			
Signature: Printed Name:	Title:	<u>-</u>	
Signature:Printed Name:	Title:	-	
Timed Name.	Title.	_	
Signature:		_	
Printed Name:	Title:	_	
Signature:			
Signature: Printed Name:	Title:	IAI IS	N 1
			23.
If Florida Corporation:		폴림	JAN
Signature of Chairman, Vice Chairman, Director, or		SE	
If Directors or Officers have not been selected, an Ir	ncorporator must sign.	338 9.23	ယ •
If Florida General Partnership or Limited Liabil	ity Partnership:	- 	P# =
Signature of one General Partner.		F1 0.R	£.
		ĘŦ	
If Florida Limited Partnership or Limited Liabil	<u>ity Limited Partnership:</u>		
Signatures of <u>ALL</u> General Partners.			
All others:			
Signature of an authorized person.			
Fees:			
Articles of Conversion:	\$25.00		
Fees for Florida Articles of Organization:	\$125.00		
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		
	\ L = =====/		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limite	d Liability Company	ris:	
North Loop Rentals, LLC			
(Must con	tain the words "Limited Lia	bility Company, "L.L,C.," or "LLC.")	
ARTICLE II - Address The mailing address and		e principal office of the Limi	ted Liability Company is:
Principal Office Addre	ess:	Mailing Address:	
1010 Druid Rd E		1010 Druid	
Clearwater, FL 33756		Clearwater, FL 33756	
(The Limited Liability Compan	y cannot serve as its own R	ered Office, & Registered A egistered Agent. You must designate a	
business entity with an active	<u>-</u>		
The name and the Florid	da street address of th	he registered agent are:	
Dav	id J Hillila		
	N:	ame	
<u>10</u> 10	0 Druid Rd E		23 SE
Flo	orida street address (l	P.O. Box NOT acceptable)	ARR SA TI
Clea	ırwater	FL 33756	FIL 23 JAN 1.3 SEURE JAKY
	City	Zip	E P III
liability company of registered agent and of statutes relating to to accept the obligation.	nt the place designate agree to act in this caphe proper and completions of any position-as	nd to accept service of process of in this certificate, I hereby of pacity. I further agree to come ete performance of my duties, registered agent as provided	iccept the appointment as ply with the provisions of a and I am familiar with and
	Registered Agent's 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>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	David J Hillila
	1010 Druid Rd E
	Clearwater, Florida 33756
	
	
(Use attachment if necessary)	7
	SEC 23
CLEAN ON THE TO	CCR A
CLE V: Other provisions, if any.	JAN AREI AHAS
	<u> </u>
	PA
DECLUDED CICKATUDE	
REQUIRED SIGNATURE:	57 5
Ci	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that
any false information submitted in a document	nent to the Department of State constitutes a third degree felo
-	
as provided for in s.817.155, F.S.	
as provided for in s.817.135, F.S.	(1)

| Siling Fees | Siling Fee for Articles of Organization and Designation of Registered Agent | Siling Siling Fee for Articles of Organization and Designation of Registered Agent | Siling Fees | Silin