

123000139230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

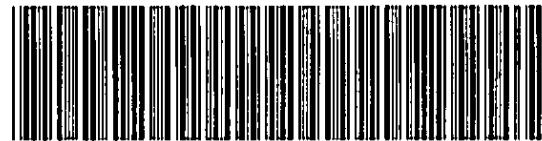
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

123000106162

Office Use Only



500391983585

A handwritten signature in black ink, appearing to read "P. Bickel".

08/08/2010 01045--017 44159.00

FILED
2010 MAR 10 AM 2:27
SECRETARY OF STATE
TOMMY BROWN, JR.

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:

AA Auto Glass Medic, 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 Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on June 2014/3/11/16

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

AA Auto Glass Medic, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: July 31, 2022, or Aug. 1, 2022
(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.

2023 MAR 10 AM 2:27
TALLAHASSEE, FL
SECRETARY OF STATE
FILED

FILED

Signed this 30 day of July 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Wilmer Carcamo Lopez Title: CEO/VP AMBR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: WCL

Printed Name: Wilmer Carcamo Lopez Title: President MGR

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.

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)

2023 MAR 10 AM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AA Auto Glass Medic, 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:

1219 Hawkes Avenue
Orlando, FL 32809

Mailing Address:

7187 Williams Road
Flowery Branch, GA 30542

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:

1219 Hawkes Avenue

Name

Caramo Wilmer

Florida street address (P.O. Box NOT acceptable)

Orlando

FL

32809

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)

2023 MAR 10 AM 2:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

VP MGR

Name and Address:

Grace Carcano-López
7187 Williams Road
Flowery Branch, GA 30542

President

Wilmer Carcano López
7187 Williams Road
Flowery Branch, GA 30542

Registered Agent/AMBR

Wilmer Carcano
1219 Thakas Avenue
Orlando, FL 32809

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

2023 MAR 0 AM 2:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

REQUIRED SIGNATURE:

Grace Carcano López

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.

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)