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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

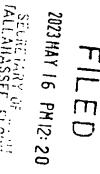
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5-16-27



COVER LETTER

TO:	New Filing S Division of C					
SUB	JECT:	YARD ST	AR PR	OS, LLC	;	
		(Name of Res	ulting F	lorida Lim	ited Com	pany)
				-		d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this r	natter to:		
_ G	REGORY W.	CAMPBELL JR.				
		(Contact Person)			_	
		(Firm/Company)			_	
15	517 CARLOTTA				_	
		(Address)				
JA	ACKSONVILLE,	FL 32211				
	(1	City, State and Zip Code)			_	
G	REGORY.CAM	PBELL59@YAHOO.C	ОМ			
E-	-mail Address: (to b	oe used for future annual re	port not	ifications)	_	
For f	urther informati	on concerning this ma	tter, pl	ease call:		
G	REGORY W. C	AMPBELL JR.	at (904) 237	-8530
	(Name of Conta	act Person)			(Dayı	time Telephone Number)
		for the following amou a bank located in the			process	ed by this office must be payable in US
(\$25) & \$10	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing ertified Co	-	☑\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27			New F Divisi The C 2415 P	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Conversion For "Other Business Entity"

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following

"Other Business Entity" into a Flor Statutes.	ida Limited Liability	Company in accordance w	/ith s.605.1045, Florida
The name of the "Other Business E YARD STAR, INC	Entity" immediately p	ior to the filing of the Artic	les of Conversion is:
(Enter)	Name of Other Business E	ntity)	-
2. The "Other Business Entity" is a (Enter entity type. Example: of	CORPORATION corporation, limited partne	P150000 34797 rship, general partnership, commo	
First organized, formed or incorporate	ed under the laws of (Ente	FLORIDA er state, or if a non-U.S. entity, the	e name of the country)
on APRIL 16, 2015			
(date of organization, formation or incorp	ooration)		
3. The name of the Florida Limited L	iability Company as s	et forth in the attached Art	icles of Organization:
YARD STAR PROS, LLC			_•
(Enter Name of	Florida Limited Liability	Company)	-
4. If not effective on the date of filing (The effective date: Cannot be prior the date this document is filed by th Note: If the date inserted in this block does not document's effective date on the Department	to date of receipt or the Florida Departme tot meet the applicable state	filed date nor more than 9 nt of State.)	•
5. The plan of conversion has been ap	proved in accordance	with all applicable statutes.	
6. The "Converted or Other Business E which such members are entitled und			-
			FILED 2023 MAY 16 PH 12: 20 FALL ATTASSEE, FLOOR

Signed this 05 day of JANUARY	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: GREGORY W. CAMPBELL JR.	
Printed Name: GREGORY W. CAMPBELL JR.	Title:OWNER
·	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	
Signature:	
Printed Name: GREGORY W. CAMPBELL JR.	Title:OWNER
Signature:	
Printed Name:	Title:
C'	
Signature:	TIM.
Printed Name:	title:
Cimpatura	
Signature: Printed Name:	Tiela
rimed Name.	Filie
Signatura	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YARD STAR PROS, LLC					
(Must contain the words "Limit	ed Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	of the principal o	ffice of the Limit	ted Liability Co	ompar	ny is:
Principal Office Address:	Mailin	g Address:			
1517 CARLOTTA ROAD W.	1517	CARLOTTA ROA	D W		
JACKSONVILLE, FL 32211	JACK	SONVILLE, FL 3221	11		
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address GREGPI		agent are:	SEURETARY NELAHASSE	023 MAY 16	<u> </u>
	Name			PH 12: 21	
1517 CAR	LOTTA ROAD W.		9:	~	<u> </u>
Florida street addre	ess (P.O. Box <u>NC</u>	DT acceptable)		20	
JACKSONVILL	E F <u>L</u>	32211			
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:

HARATSON A LL 1 1 A A LL	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	GREGORY W. CAMPBELL JR.
MOR	1517 CARLOTTA ROAD W.
	JACKSONVILLE, FL 32211
	JACKSONVILLE, 1 C 32211
	
	-
	
	
(Use attachment if necessary)	
(one united in necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or at This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the Department of State constitutes a third degree fel
Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.	vith section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felorities.
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