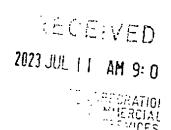
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State Light Home #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W 23000076214

Office Use Only



400408460534



May 31, 2023

TONY SCOTT 15310 AMBERLY DRIVE STE 250 TAMPA, FL 33647 US

SUBJECT: AUTOMATIK AGENCY LLC

Ref. Number: W23000076214

We have received your document for and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 623A00012308

2023 JUL 11 PH 10: 16
SECRETARY OF STATE

COVER LETTER

то:	New Filing Se Division of Co							
end i	HECT. AUTOMA	TIK AGENCY LLC						
SUBJ	ECI:	(Name of Resi	alting Florida Limi	ted Con	pany)			
The e Busin	nclosed Articles ess Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organizat ability Compan	ion, and y" in ac	d fees are submitted to co ecordance with s. 605.10	onvert an 45, F.S.	"Othe	er
Please	e return all corre	spondence concerning	this matter to:					
TONY	SCOTT			-				
		(Contact Person)						
AUTO	MATIK AGENCY	LLC		_				
		(Firm/Company)	-					
15310	AMBERLY DRIV	/E SUITE 250						
		. (Address)						
TAM	PA, FLORIDA 336	47		_				
	(C	ity, State and Zip Code)	-					
TS@	AUTOMATIKAGE	NCY.COM						
E-:	mail Address: (to be	e used for future annual re	port notifications)					
For fi	arther informatio	on concerning this ma	tter, please call:					
TON	SCOTT		at (503	, 405-	2888			
	(Name of Contact	ct Person)	(Area Code	(Day	rtime Telephone Number)	•		
Enclo dolla	osed is a check for rs and drawn on	or the following amou a bank located in the	nt: (All checks United States)	proces	sed by this office must b	e payable	in US	5
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	—¦LII (3)	202	
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The 0 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	ORETARY OF STA	2023 JUL 11 PH 10:	

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.

AUTOMATIK AGENCY	ately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bu	siness Entity)
	ed partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the lav	(Enter state, or if a non-U.S. entity, the name of the country)
JULY 19 2019	
(date of organization, formation or incorporation)	
AUTOMATIK AGENCY LLC	iny as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited L	iability Company)
Note: If the date inserted in this block does not meet the appli- document's effective date on the Department of State's records	partment of State.) cable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acco	rdance with all applicable statutes.
6. The "Converted or Other Business Entity" has agree which such members are entitled under ss. 605.100	ed to pay any members having appraisal rights the amount to 6 and 605.1061-605.1072, F.S. TALLAHASSEE, FLEE TALLAHASSEE, FLEE

Signed this 8TH day of MAY	. 20
Signature of Authorized Representative of Limito	ed Liability Company:
\mathcal{O}_{G}	(⁽ ,
Signature of Authorized Representative:	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)
Signature trather of	
Signature: July Soit Printed Name: Tony Soit	Title: Droilet finner
Signature:	
Signature:Printed Name:	Tale:
Signature:	
Signature: Printed Name:	_ Title:
C	
Signature:Printed Name:	Title:
rimed Name.	_
Signature:	Tister
Printed Name:	
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> . General Partners.	ry Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

PILED

2023 JUL 11 PM 10: 16

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
AUTOMATIK AGENCY LLC.	
(Must contain the words "Limited Liabi	lity 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:	Mailing Address:
15310 AMBERLY DRIVE	15310 AMBERLY DRIVE
SUITE 250	SUITE 250
TAMPA, FL 33647	TAMPA, FL 33647
The name and the Florida street address of the Registered Agents Inc Name	
7901 4th St N, STE 300	
Florida street address (P.	O. Box <u>NOT</u> acceptable)
St. Petersburg	FL 33702
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager	TONY SCOTT
Mari	15310 AMBERLY DRIVE SUITE 250
	TAMPA, FL 33647
-	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE: LALLA Litt	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Language Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware iment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware iment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree for printed name of signee Filing Fees

ARY OF STATE