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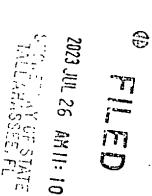
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing ! Division of 0						
SUBJECT: Garchar	Services, LLC	t				
	(Name of Re	sulting Florida Lim	ited Co	mpany)		
The enclosed Article Business Entity" into	es of Conversion, Arti o a "Florida Limited I	cles of Organizat .iability Compan	tion, au y" in a	nd fees are submitted to conveccordance with s. 605.1045,	ert an "Other F.S.	
Please return all corn	respondence concerni	ng this matter to:				
Nicholas M. Hayes			_			
	(Contact Person)					
Paesano Akkashian, I	PC					
	(Firm/Company)		_			
7457 Franklin Road, S	Suite 200					
	(Address)	-	_			
Bloomfield Hills, Michi	gan 48301		_			
(City, State and Zip Code)		_			
nhayes@palawyers.cx	om		_			
E-mail Address: (to l	e used for future annual re	eport notifications)				
For further informati	on concerning this ma	utter, please call:				
Nick Hayes		_at (<u>248</u>	792-6	886		
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)		
Enclosed is a check i dollars and drawn on	for the following amou a bank located in the	int: (All checks p United States)	rocess	ed by this office must be pay	able in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$\Bigs\\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2023 JUL STALLAS	6/9
Mailing Addu New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New F Division The Co 2415 P	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	IUL 26 MMII: 10	TEBO

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: Garchar Design LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
on 6/14/2021 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Garchar Services LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: (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.	ę
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	TEO

Signed this 14th day of April	20
Signature of Authorized Representa	tive of Limited Liability Company:
Signature of Authorized Representativ Printed Name: Ryan GARCHAR	Title: MEMBER
	ess Entity: [See below for required signature(s)]
Signature:	
Printed Name: RYAN GARCHAR	Title: _MEMBER
Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation;	
Signature of Chairman, Vice Chairman,	Director, or Officer.
If Directors or Officers have not been se	lected, an Incorporator must sign.
If Florida General Partnership or Lin Signature of one General Partner.	ulted Liability Partnership:
If Florida Limited Partnership or Lim Signatures of <u>ALL</u> General Partners.	ited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 2023 JUL 26 MILI: 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

Garchar Services LLC

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

1621 Sunk	IST 1	WAY	162					
FORT MYERS	, FL,	33905	FOR	T MYERS	<u>, FL , 3</u>	33905		
			_			_ 		
ARTICLE III - Rep (The Limited Liability Con- business entity with an ac	many came	t scrve as its own R	red Office, & egistered Agent.	& Registered You must designat	Agent's e an individ	Signature: uni or mother		
The name and the Fl	orida stre	et address of the	ne registered	agent are:				
ı	Ryan Garo	har			_			
-		N	ime					
	1621	SUNKIST	YAW		_			
_	Florida s	treet address (F	O. Box <u>NO</u>	T acceptable)				
•	FORT	MYERS City	FL	339 05	<u>-</u>			
_		City		Zip				
Having been name liability compar registered agent an statutes relating t accept the oblig	ny at the p nd agree t o the pro	place designated o act in this cap per and comple	l in this certif pacity. I furth te performan	icate, I hereby er agree to co ce of my duties	accept the mply with s, and I an	ne appointment the provisions n familiar with	as of all and	.6
	l	Day Ja	ec in A.B.			Fac:	يارال 2023	- B
	Regist	ered Agent's S	ignature (RE	QUIRED)	_)JUL 26	
		(CONT	INUED)			(5) (5) (5) (7) (7) (7) (7) (7) (7)	A	177

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Ryan Garchar
AMDR	1621 SWKIST WAY
	FORT MYERS, FL. 33905
	FULL MIGHES FELL SOCIETY
	
Tise attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	n authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a	in authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance we can false information submitted in a document.	on authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance way false information submitted in a document as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree f
Signature of a member or a This document is executed in accordance way false information submitted in a document as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree f
Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree f

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

ARTICLE IV-