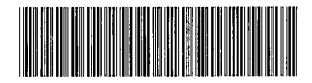
# L23000516343

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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MQ

# COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Copperline, LLC			
(Name of Res	ulting Florida Limi	nited Company)	
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Li			
Please return all correspondence concerning	g this matter to:	:	
Daniel S. Friebis			
(Contact Person)		_	
Friebis & Associates			
(Firm/Company)		_	
3890 Turtle Creek Drive Suite B			
(Address)		<del></del>	
Port Orange, FL. 32127			
(City, State and Zip Code)		<del>_</del>	
dan.friebis@kyrstin.net			
E-mail Address: (to be used for future annual rep	port notifications)	_	
For further information concerning this mat	tter, please call:		
Daniel S. Friebis	_at ( <u>386</u>	,492-7915	
(Name of Contact Person)	(Area Code)	e) (Daytime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the U  \$150.00 Filing Fees (\$25 for Conversion and Certificate of		g Fees \$\Bar \Bar \Bar \\$185.00 Filing Fees,	payable in US
(\$25 for Conversion and Certificate of & \$125 for Articles of Organization)	and Ceraned Cop	Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	2028 No. 1 14 1/11 2:

#### **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.

Copperline, Inc.	Articles of Conversion is:
(Enter Name of Other Business Entity)	<del></del>
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership	common law or histness trust etc.)
	common tan or business trust, etc.)
First organized, formed or incorporated under the laws of	tity, the name of the country)
June 6, 2016 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	d Articles of Organization:
Copperline, LLC	
(Enter Name of Florida Limited Liability Company)	
<ul> <li>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 the date this document is filed by the Florida Department of State.)</li> <li>Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.</li> <li>5. The plan of conversion has been approved in accordance with all applicable statutory.</li> </ul>	this date will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor more 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, document's effective date on the Department of State's records.	this date will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor more 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, document's effective date on the Department of State's records.	this date will not be listed as the stutes.  appraisal rights the amount to
(The effective date: Cannot be prior to date of receipt or filed date nor more 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, document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable state.  6. The "Converted or Other Business Entity" has agreed to pay any members having	this date will not be listed as the stutes.  appraisal rights the amount to
(The effective date: Cannot be prior to date of receipt or filed date nor more 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, document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable state.  6. The "Converted or Other Business Entity" has agreed to pay any members having	this date will not be listed as the stutes.  appraisal rights the amount to

Signed this 16th day of October	<u> 20</u> <u>23                                    </u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 0.7  Printed Name: Nicholas West	1 Wo
Printed Name: Nicholas West	Title: Member / Manager
and the same and the same	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: 2 M ( Ja	
Printed Name: Nicholas West	Title: President
Signature:	
Printed Name:	
Signature:	Title
Printed Name:	ride:
Signature:	
Printed Name:	Title:
Ciamatura:	
Signature:Printed Name:	Title:
Signature:	77.1
Printed Name:	litte:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	· · · · · · · · · · · · · · · · · · ·
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ALLE General Farmers.	
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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Copperline, LLC		
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:	
2560 May Street	2560 May Street	
New Smyrna Beach, FL, 32168	New Smyrna Beach, FL	32168
The name and the Florida street address of th  Daniel S. Friebis	e registered agent are:	_
	me	-
3890 Turtle Creek Drive Su	ite B	
	O. Box NOT acceptable)	-
Port Orange	FL <sup>32127</sup>	
City	Zip	-
	l in this certificate, I hereby pacity. I further agree to co te performance of my duties	accept the appointment as mply with the provisions of al and I am familiar with and d for in Chapter 605, F.S
		, 2: 0

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7.	n		1 . 6.	

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

BR" = Authorized Member R" = Manager / AMBR  / AMBR  attachment if necessary)  /: Other provisions, if any.	Nicholas West 2560 May Street New Smyrna Beach, FL. 32168  Amelia West 2560 May Street New Smyrna Beach, FL. 32168	
/ AMBR  / AMBR  attachment if necessary)	2560 May Street  New Smyrna Beach, FL. 32168  Amelia West 2560 May Street	
attachment if necessary)	New Smyrna Beach, FL. 32168  Amelia West 2560 May Street	
attachment if necessary)	Amelia West 2560 May Street	
attachment if necessary)	2560 May Street	
attachment if necessary)	2560 May Street	
•		
•	New Smyrna Beach, FL. 32168	
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': Other provisions, if any.		
': Other provisions, if any.		
-		<del>.</del>
<u>uired</u> signature.	,	
V5 /2/15		
	<u> </u>	
Signature of a member or an a	uthorized representative of a me	mher
s document is executed in accordance with	section 605.0203 (1) (b), Florida Statutes	. Lam awar
false information submitted in a document provided for in s.817.155, F.S.	to the Department of State constitutes a th	tird degree t
		<u> </u>
cholas West	or printed name of signee	<del></del>
i yped	Filing Fees	•
125.00 Filing Fee for Articles of Ot		Legistered
30.00 Certified Copy (Optional)		
Sold Certifica Copy (Optional)	J 5,00 certificate of 5tat	, opa