# L 23000556723

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





100419582071

2023 DEC 20 PM 2: 54

BECEIVED

Bir Car Hitte

# Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **ORDER FORM**

To: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/20/2023	PRIORITY Regular Approval	OUR REF.# (Order ID#) 1216038
ORDER ENTITYCRUSH-IT, INC.		
PLEASE PERFORM THE FOLLOW	WING SERVICES:	
File the attached conversion and	subsquent articles of organization.	
NOTES: \$150.00 Authorized		

Please bill the above referenced account for this order.

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 20, 2023 Page 1 of 1

### **COVER LETTER**

TO:	New Filing Se Division of Co				
SHR	JECT: Crush-lt,	LLC			
SOIM		(Name of Resu	ılting Florida Limi	ted Com	pany)
The e	nclosed Articles sess Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organizat ability Compan	ion, and y" in ac	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	spondence concerning	this matter to:		
John	V. Wohlwend			_	
		(Contact Person)			
		(Firm/Company)		_	
6515	S 78th Street			_	
		(Address)			•
River	view, FL 33578			_	
	(0	City, State and Zip Code)			
•	@customcrushers			<del></del>	
E-	mail Address: (to b	e used for future annual rep	port notifications)		
For (	urther information	on concerning this mat	ter, please call:		
Albei	rt Diaz-Silveira		at ( <sup>305</sup>	740-	1945 rtime Telephone Number)
	(Name of Conta	ct Person)	(Area Code	e) (Day	rtime Telephone Number)
Enclo dolla	osed is a check f irs and drawn on	or the following amou a bank located in the	nt: (All checks United States)	proces	sed by this office must be payable in US
(\$25 f & \$17	50.00 Filing Fees for Conversion 25 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		S185.00 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 Divis The ( 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, Fl. 32303

#### **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:  Crush-It, 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
October 31, 1990  (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Crush-It, 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.

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.

Signed this 20	day of December	20 <u>_23</u>
Signature of Au	thorized Representative of Lin	nited Liability Company:
	horized Representative: hn V. Wohlwend	Ladad
Signature of Aut	horized Representative:	Title: Manager
Printed Name: Jo	hn V. Wohlwend	Title: Manager
Signature(s) on	behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	append	·
Printed Name: Jo	hn V. Wohlwend	Title: President
Frince Name.	7. 173.411	
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		mid
Printed Name:		Title:
6'		
Signature:		Title:
Printed Name:		THE.
If Florida Corp	oration:	
	irman, Vice Chairman, Director, o	r Officer.
If Directors or O	fficers have not been selected, an l	ncorporator must sign.
	,	, <u>-</u>
If Florida Gene	ral Partnership or Limited Liab	lity Partnership:
Signature of one	General Partner.	
If Florida Limit	ted Partnership or Limited Liabi	lity Limited Partnership:
Signatures of AI	L General Partners.	
_		
All others:		
Signature of an a	authorized person.	
Fees:		
		<u>ቀንና </u>
	of Conversion:	\$25.00
	Florida Articles of Organization	
Certified	• =	\$30.00 (Optional)
Certifica	ate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Crush-It, LLC		ability Company, "L.L.C.," or "LL.C.")
(M)	ust contain the words "Limited Life	ability Company, E.E.C., or Edg. 7
ARTICLE II - Ac	ddress:	
The mailing addre	ss and street address of th	e principal office of the Limited Liability Company i
		27 112 4 11
Principal Office A	Address:	Mailing Address:
		0545 0 70th P4
6515 S /8th Street		6515 S 78th Street
Riverview, FL 3357	8	Riverview, FL 33578  ered Office, & Registered Agent's Signature:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register company cannot serve as its own Factive Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own F	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability C business entity with an	Registered Agent, Register company cannot serve as its own Factive Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Factive Florida registration.)  Florida street address of the John V. Wohlwend	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Factive Florida registration.)  Florida street address of t  John V. Wohlwend	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Factive Florida registration.)  Florida street address of to John V. Wohlwend  No. 6515 S 78th Street	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Factive Florida registration.)  Florida street address of to John V. Wohlwend  No. 6515 S 78th Street	Riverview, FL 33578  ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:

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)

<u>Γitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager MGR	John V. Wohlwend
MIGIC	6515 S 78th Street
	Riverview, FL 33578
<del></del>	
(Use attachment if necessary)	

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.

John V. Wohlwend

REQUIRED SIGNATURE:

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)