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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
 Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer
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CORPORATE ACCESS, _

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INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	· ·	
XX	РНОТОСОРУ		
	GS		
XX	FILING	CONVERSION	
E	LO RESTORATIO	ON, INC.	
,c	ORPORATE NAME AND	DOCOMEST #)	
((ORPORATE NAME AND	DOCUMENT #)	23 - 23
((ORPORATE NAME AND	DOCUMENT #)	
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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Elo Restoration, 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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
December 13, 2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Elo Restoration, 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 23rd day of April	_ 20_24
Signature of Authorized Representative of Limit	ted Liability Company:
X Signature of Authorized Representative: Printed Name:Eric Grengs	Title: Manager
Signature(s) on behalf of Other Business Entity: [
Signature:	Till Discourse
Printed Name: Eric Grengs	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
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.	y 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	ted Liability Company, "L.L.C.," or "LLC.")
addiesos and ottoot addiesos	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3415 Kori Road	3415 Kori Road
Jacksonville, FL 32257	Jacksonville, FL 32257
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are: Eric Grengs
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are: Eric Grengs Name
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are: Eric Grengs
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are: Eric Grengs Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Florida street addr	own Registered Agent. You must designate an individual or another s of the registered agent are: Eric Grengs Name 415 Kori Road

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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

		Authorized Member		
MGR Derek Williams 3415 Kori Road Jacksonville, FL 32257 MGR Eric Grengs 3415 Kori Road Jacksonville, FL 32257 MGR Thomas Bott 3415 Kori Road				
MGR Eric Grengs 3415 Kori Road Jacksonville, FL 32257 MGR Thomas Bott 3415 Kori Road Jacksonville, FL 32257 MGR Thomas Bott Jacksonville, FL 32257 (Use attachment if necessary)		ınager	Derek Williams	
MGR Eric Grengs 3415 Kori Road Jacksonville, FL 32257 MGR Thomas Bott 3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)	WGR		3415 Kori Road	
MGR Eric Grengs 3415 Kori Road Jacksonville, FL 32257 MGR Thomas Bott 3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)				
3415 Kori Road Jacksonville, FL 32257 MGR Thomas Bott 3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)			jacksonvine, i E 32237	
MGR Thomas Bott 3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)	MGR		Eric Grengs	
MGR Thomas Bott 3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)			3415 Kori Road	
3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)			Jacksonville, FL 32257	·
3415 Kori Road Jacksonville, FL 32257 (Use attachment if necessary)	MCD		Thomas Bott	
(Use attachment if necessary)	MOR			
(Use attachment if necessary)				
			jacksonvine, 11, 32237	
	(Use attachm	ent if necessary)		
	LE V: Other	•		
	LE V: Other	provisions, if any.		
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 th any false information submitted in a document to the Department of State constitutes a third degree fello as provided for in s.817.155, F.S.	REQUIRED X Sign This docume any false info	SIGNATURE: nature of a member of the sexecuted in accordance of the submitted in a document	nce with section 605.0203 (1) (b), Florida Stat	utes. I am aware,th
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree feligias provided for in s.817.155, F.S.	REQUIRED X Sign This docume any false info as provided f	SIGNATURE: nature of a member of the sexecuted in accordance of the submitted in a decordance of the sexecuted in a decordance of t	nce with section 605.0203 (1) (b), Florida Stat ocument to the Department of State constitutes	utes. I am aware,ți
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree fellows provided for in s.817.155, F.S.	REQUIRED X Sign This docume any false info as provided f	provisions, if any. SIGNATURE: nature of a member of the interest of the int	nce with section 605.0203 (1) (b), Florida State ocument to the Department of State constitutes ngs, authorized representative Typed or printed name of signee	utes. I am aware,ți