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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Safeway Town Warne of Result	ng Services LLC. ting Florida Limited Company)
	s of Organization, and fees are submitted to convert an "Other bility Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning t	this matter to:
Arthur Bethanis (Contact Person) Safeway Towns Services (Find Company)	2.LC.
394 Leawood circle (Address)	
Naples Florida 341 (City, State and Zip Code) Safavay Towing (at) 04/00k. a E-mail Address: (to be used for future annual report	rt notifications)
For further information concerning this matter Arthur Bethanis (Name of Contact Person)	er, please call:
	: (All checks processed by this office must be payable in US
	S180.00 Filing Fees Certified Copy. and 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 810

Tallahassee, FL 32303

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 Con	version	n is:
Safeway Towing LLC. (Enter Name of Other Business Entity)		. "] -]
2. The "Other Business Entity" is a	-1 -1	
	7	• •
First organized, formed or incorporated under the laws of	e:countr	y)
on March 09 2010 (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	rganiz	ation:
Safeway Towing ServiceS LLC. (Enter Name of Florida Limited Liability Company)		
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: (The effective date: Connect be prior to date of receipt as filed date nor more than 90 calendary.)	. m. alası	. a f tan
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calenda 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	•	
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.		
3. The plan of conversion has been approved in accordance with an 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 24 day of October	_20_ <i>24</i>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Arthur Bethanis	Title: OWNER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Arthur Bethanis	
Signature:Printed Name:	
Signature:Printed Name:	16.35°
Signature:Printed Name:	
Signature:Printed Name:	n
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty 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 I - Name:		
The name of the Limited Liability Comp	pany is:	
Sa feway Towing (Must contain the words "Limited	g Services LLC. Ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	2975 2975
394 Leawood Circle Naples, Florida 34104	Mailing Address: 394 Leawood Clauses, Florida 3	HO4 9
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)		
The name and the Florida street address		
_Arthur	Bethanis	
	Name	
394 Leacuea Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Marke	CI 24104	

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)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1 the Delle
HIIIBK	Arthur Bethanis 394 Leawood Cirle
	394 Leawood Cirle
	Naples, F1. 34104
	•
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	্
	-:
(Use attachment if necessary)	:
CLE V: Other provisions, if any.	
F	
DECLUDED CLCMATUDE.	
REQUIRED SIGNATURE:	
MINO	Cananis
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
	ment to the Department of State constitutes a third degree felor
as provided for in s.817.155, F.S.	
A-thir	rped or printed name of signee
	mad or printed name of signer
ıy	rped or printed name of signee
	tiling koos

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)