# 24000500107

(R	Requestor's Name)	-
	Address)	
<del>4-</del>		
4)	Address)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	
(0	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **CT CORP**

#### (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

12/04/2024

Da	ate:	12/04/2024	- wil DW
		Acc#120160000072	an: ( ) = V
Name:	ATEX Midv	vest, LLC.	
Document #:			
Order #:	16014047		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified Plain: COGS:	1: 🗸	Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier	Amount	:\$ 180.00	

Thank you!

#### COVER LETTER

TO: New Filing Section Division of Corporations			
·			
SUBJECT: ATEX Midwest, LLC (Name of Re	sulting Florida Limi	ted Com	pany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited I.	cles of Organizat liability Compan	ion, and y" in ac	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:		
Kristen Bartch Knight			
(Contact Person)		_	
N/A			
(Firm/Company)	<del>-</del>	_	
860 Via Lugano			
(Address)		_	
Winter Park FL 32789			
(City, State and Zip Code)		_	
·			
kristen@mchawkandco.com E-mail Address: (to be used for future annual r	and notifications	_	
E-man Address: (to be used for future annual f	eport nonneations)		
For further information concerning this m	atter, please call:		
Kristen Bartch Knight	at ( <u>352</u>	,408-	
(Name of Contact Person)	(Area Code	(Day	time Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		process	sed by this office must be payable 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 Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:		Stree	t Address:
New Filing Section			Filing Section
Division of Corporations			ion of Corporations
P.O. Box 6327			Centre of Tallahassee N. Monroe Street, Suite 810
Tallahassee, FL 32314		Z413	D. MOHIOC SHEEL SHIE OTO

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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.

(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 (Enter state, or if a non-U.S. entity, the name of the country)
02/03/2017 on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ATEX Midwest, 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 this4 day of December	_ 20_24
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Grupon Printed Name: Gregory A. Duggan	Duggan
Printed Name: Gregory A. Duggan	Title: President
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: Graphy Duggan Printed Name: Gregory A. Duggan	
Printed Name: Gregory A. Duggan	Title: President
Signature:	
Signature:Printed Name:	Title:
Signaturo:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Frinted Name	
If Florida Corporation:	Official
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
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) \$5.00 (Optional)
Certificate of Status:	grow (Spacini)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: Limited Liability Company	s:
ATEX Midwest, LL		ility Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre		principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
860 Via Lugano Winter Park FL 32	789	P.O. Box 5 300 N. New York Ave.
		Winter Park, FL 32790
	ractive Florida registration.)  Florida street address of th  C T Corporation System  Na  1200 South Pine Island Ro	me
	Florida street address (P	.O. Box <u>NOT</u> acceptable)
	Plantation	FL 33324
	City	Zip
liability com registered agen statutes relati	pany at the place designated t and agree to act in this cap ng to the proper and comple	I to accept service of process for the above stated limite I in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
	/s/ Olga Hinkel	Olga Hinkel - VP
	Registered Agent's S	ignature (REQUIRED)

(CONTINUED)

C T Corporation System

#### ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager AMBR	Gregory A. Duggan
AIVIDA	501 Henkel Circle, Winter Park FL 32789
	Of Florido, Olido, William Fax. 2 02.00
AMBR	Kristen Bartch Knight
-	860 Via Lugano, Winter Park FL 32789
(Use attachment if necessary)	
LE V: Other provisions, if any.	liability company in Florida shall be December 4, 2024 at 11
LE V: Other provisions, if any ctive date and time of this limited	liability company in Florida shall be December 4, 2024 at 11
LE V: Other provisions, if any.  ctive date and time of this limited  REQUIRED SIGNATURE:	liability company in Florida shall be December 4, 2024 at 11
LE V: Other provisions, if any.	liability company in Florida shall be December 4, 2024 at 11
CEV: Other provisions, if any ctive date and time of this limited  REQUIRED SIGNATURE:  Gregory Duggar  Signature of a memi	ber or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am award a document to the Department of State constitutes a third degree for the section 605.0203 (1) (c).
REQUIRED SIGNATURE:  Grayery Dugan  Signature of a memi  This document is executed in acc any false information submitted in as provided for in s.817.155, F.S.	ber or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am award a document to the Department of State constitutes a third degree for the section 605.0203 (1) (c).
REOURED SIGNATURE:  Green Duyan  Signature of a memily and false information submitted in	ber or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am award a document to the Department of State constitutes a third degree for the section 605.0203 (1) (c).

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)