124000529628

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

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

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

	PIC	K UP: <u>JENA 12/27</u>	
	CERTIFIED COPY		2024 DEC
XX	РНОТОСОРУ		DE T
	CUS		27 / 1
XX	FILING	CONVERSION	پ نیا
C	CERTIFIED AUTO RE	TRIEVAL SERVICE LLC	<u> </u>
((CORPORATE NAME AND DC	OCUMENT #)	
((ORPORATE NAME AND DO	CUMENT #)	
	CORPORATE NAME AND DO	OCUMENT #)	
((CORPORATE NAME AND DO	OCUMENT #)	
((CORPORATE NAME AND DO	PCUMENT #)	
-((CORPORATE NAME AND DC	OCUMENT #)	•
CIAL I	NSTRUCTIONS:		

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.605.1 45. Fl	orida
• • •	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion	is:
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business true.) First organized, formed or incorporated under the laws of Florida	st, etc
(Enter state, or if a non-U.S. entity, the name of the country,)
on April 3, 2001 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization.	tion:
CERTIFIED AUTO RETRIEVAL SERVICE 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 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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	int to

Signed this 27th day of December	_ 20_ 24	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Travis Kell	Title: Authorized Signatory	
Signature(s) on behalf of Other Business Entity: Travis Kell		
Signature: Printed Name: Travis Kell	_ Title: _Authorized Officer	
Signature:Printed Name:	Tid	2024 DEC
Signature: Printed Name:		27
Printed Name:	_ Title:	
Signature:Printed Name:	_ Title:	9: 47
Signature:		
Printed Name:	Title:	•
Signature:Printed Name:	Title	
Timed Name.		
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.		
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 I - Name:	
The name of the Limited Liability Company is:	
CERTIFIED AUTO RETRIEV	AL SERVICE LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
501 Santa Monica Blvd, Suite 200	501 Santa Monica Blvd, Suite 200 Santa Monica, CA 90401
Santa Monica, CA 90401	Santa Monica, CA 90401
	2
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
CORPORATION SER	VICE COMPANY
Name	
1201 HAYS ST	REET
Florida street address (P.O.	Box NOT acceptable)

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.

Michelle Disbrow

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TALLAHASSEE, City

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	ZWB HOLDINGS LLC 501 Santa Monica Blvd, Suite #200 Santa Monica, CA 90401		
	7084 DEC 2		
	(A)		
(Use attachment if necessary) CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	Travis Kell		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the the Department of State constitutes a third degree felo		
Travis Kell, Authorized Signatory			
	mad or printed name of ciange		

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)