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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/30/2024

NAME:

WESTBROOK SERVICE COMPANY, LLC

TYPE OF FILING: CONVERSION

COST: 180.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHOŔIZATIÓN: ABBIE/PAUL HODGĘ

COVER LETTER

	Filing Se	ection orporations					
		-	ANIV 110				
SUBJECT:	ME21BE	Name of Res	sulting Florida Limi	red Corr	many)	-	
		·	-				
					d fees are submitted to coordance with s. 605.1		
	•	spondence concerning					2024
BRIAN KING							ල් ()
		(Contact Person)		-		(:
		(Firm/Company)		-		· <u>·</u> · ·	.) .F
1411 S. ORA	NGE BLC	SSOM TRAIL				i t	~1
	· · · · · · · · · · · · · · · ·	(Address)		-			
ORLANDO, F	FL 32805						
	(C	City, State and Zip Code)		-			
bking@westb	prookfi.com	n					
E-mail Add	iress: (to be	used for future annual re	port notifications)	•			
For further is	nformatic	on concerning this ma	tter, please call:				
ANDY GARC	IA, ESQ.		at (407) 669-4	1214 time Telephone Number)	_	
(Nam	e of Contac	et Person)	(Area Code)	(Day	time Telephone Number)	-	
		or the following amou a bank located in the		rocess	ed by this office must b	e payabl	e in US
\$150,00 Fil (\$25 for Conve & \$125 for Art of Organization	ersion icles	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cor		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
New Divis P.O.	ing Addr Filing Sesion of Co Box 632' hassee, F	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810	

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

"Other Business Entity" into a Florida Limited Liability Company in accordance with			
Statutes.		200	
The name of the "Other Business Entity" immediately prior to the filing of the Articles of WESTBROOK SERVICE CORPORATION	of Con	version	is: -]
(Enter Name of Other Business Entity)		(3)	
2. The "Other Business Entity" is a CORPORATION		;	: 1
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	w or bu	siness un	ust, etc.)
First organized, formed or incorporated under the laws of		-1 -1	_
(Enter state, or if a non-U.S. entity, the nar	ne of the	e country	y)
DECEMBER 27, 1988			
on (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Or	rganiza	ition:
WESTBROOK SERVICE COMPANY, 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 c 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 widocument'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 30 day of December	20 _24
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: BRIAN KING	Title: PRESIDENT AND CEO
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: BRIAN KING	Title: PRESIDENT AND CEO
Signature:Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability 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:		
WESTBROOK SERVICE COMPANY, LLC		
(Must contain the words "Limited Liability	Company, "L.IC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability C	company is:
Principal Office Address:	Mailing Address:	Seuden Seuden
1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	30 77 9:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or ano	.բ- ure:- ^յ
The name and the Florida street address of the re	egistered agent are:	
BRIAN KING		
Name		
1411 S. ORANGE BLOSSOM	TRAIL	
Florida street address (P.O.	Box NOT acceptable)	
ORLANDO	FL ³²⁸⁰⁵	
City	Zip	
Having been named as registered agent and to		

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> Fitle:</u> AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	BRIAN KING 1411 S. ORANGE BLOSSOM TRAIL
	ORLANDO, FL 32805
	
	11.
	·
(II	
(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.

BRIAN KING, AUTHORIZED REPRESENTATIVE

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)