L2500047492

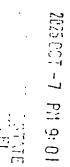
| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



900459184319

10/07/25--01024--022 **!95.00







COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: Auto - Loop Corp | |
| (Name of Re | esulting Florida Limited Company) |
| | icles of Organization, and fees are submitted to convert an "Othe Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerni | ng this matter to: |
| Angel Rodriguez | |
| (Contact Person) | |
| Auto - Loop Corp | |
| (Firm/Company) | |
| 2347 SW HWY 17 | |
| (Address) | |
| Arcadia FI 34266 | |
| (City, State and Zip Code) | <u> </u> |
| usdefense7@gmail.com | |
| E-mail Address: (to be used for future annual | report notifications) |
| For further information concerning this m | natter, please call: |
| Angel Rodriguez | at (4074291472) |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amodollars and drawn on a bank located in the | ount: (All checks processed by this office must be payable in US e United States) |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status | and Certified Copy S180.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: | Street Address: |
| New Filing Section | New Filing Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

INHS11 (7/17)

TO: New Filing Section

mo# 19-78659/675

Articles of Conversion

For

"Other Business Entity"

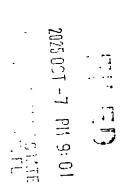
Into

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: Auto - Loop Corp |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a C Corp |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 08/21/2023 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: |
| Auto - Loop 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 15 day of September | 20_25 |
|--|---|
| Signature of Authorized Representative of L | imited Liability Company: |
| Signature of Authorized Representative: | |
| Printed Name: Angel Rodriguez | Tide: CEO |
| Signature(s) on behalf of Other Business Entit | |
| 0 | |
| Signature: Printed Name: Angel Rodriguez | T: |
| Printed Name: Angel Rodnguez | Title: CFO |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| rimed (valie) | Title. |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | 705-1 |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director | or Officer |
| If Directors or Officers have not been selected, a | |
| The control of the co | |
| If Florida General Partnership or Limited Lia | ibility Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners. | ability Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization | \$25.00 on: \$125.00 |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | any is: |
|---|---|
| | |
| Auto - Loop LLC. | |
| (Must contain the words "Limited | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of | the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2347 SW HWY 17 | 5087 EDGEWATER DR |
| Arcadia FL 34266 | unit 607051 |
| | Orlando FL 32860 |
| | istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: |
| | Name |
| 2347 SW HWY 17 | |
| Florida street addres | ss (P.O. Box <u>NOT</u> acceptable) |
| Arcadia | FL ³⁴²⁶⁶ |
| City | Zip |

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)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | |
|--|---|--|
| MGR — Manager | Angel Rodriguez 5087 EDGEWATER DR Unit 607051 | |
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| (Use attachment if necessary) | . 7 | |
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| RTICLE V: Other provisions, if any. | | |
| | | |
| | | |
| | | |
| REQUIRED SIGNATURE: | | |
| Q_{i} | | |

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.

Rollyuz 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)