

P1900000 87298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

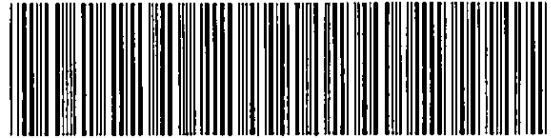
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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NOV 26 2019

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 26 AM 11:13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ALL Auto CARE
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

GARRETT YOUNG LLC
Contact Person

ALL AUTO CARE LLC
Firm/Company

2609 Springhill Road
Address

Tallahassee Florida 32305
City, State and Zip Code

allauto care tally2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrett Young at (850) 692-3098
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees | <input type="checkbox"/> \$122.50 Filing Fees, |
| | and Certificate of | and Certified Copy | Certified Copy, and |
| | Status | | 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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ALL Auto CARE LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC LI7000259893
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 12-18-17
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

ALL Auto CARE

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 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.

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NOV 26 2017
DIVISION OF CORPORATIONS
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Signed this 25 day of November, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Garrett Young

Printed Name: Garrett Young Title: president/owner

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Garrett Young Auth rep UCL-308

Printed Name: Garrett Young Title: MBR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS, TEXAS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ALL AUTO CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
2609 Springhill Road
Tallahassee Florida
32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS *president*

Name and Title: GARRETT YOUNG Name and Title: _____

Address: 2609 Springhill Road Address: _____
Tallahassee Florida 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Garrett Young

Address: 2609 Springhill Road
Tallahassee Florida [32305] R.F.D.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Garrett Young

Address: 2609 Springhill Road
Tallahassee Florida [32305] R.F.D.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____Sanitt Young_____11/25/19
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. 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.

_____Sanitt Young_____11-25-19
Required Signature/Incorporator Date

ALL rights reserved
per UCC1-308

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
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