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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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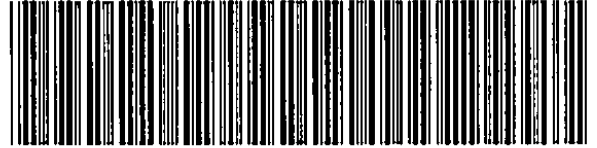
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
20 MAR 10 AM 9:43

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Mar 10 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SHADOW WARRIOR RIDERS MOTORCYCLE CLUB LLC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligi entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

CHANCE SHOWELL

Contact Person

SHADOW WARRIOR RIDERS MOTORCYCLE CLUB

Firm/Company

836 KINGSTREE LANE

Address

WINTER GARDEN, FL 34787

City, State and Zip Code

HD1701@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANCE SHOWELL at (321) 230-1960

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☒ \$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

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

SHADOW WARRIOR RIDERS MOTORCYCLE CLUB LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY
(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 MAY 01, 2018
Enter date "Converting Entity" was first organized, formed or incorporated.

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

SHADOW WARRIOR RIDERS MOTORCYCLE CLUB LLC

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: JANUARY 01, 2020

(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.

DIVISION OF CORPORATE REVENUE
20 MAR 10 AM 9:43

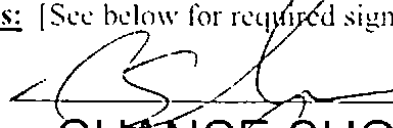
Signed this 21 day of Feb, 2020.


Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Signature: 
Printed Name: CHANCE SHOWELL Title: ~~REGISTERED AGENT~~ AMBR

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 
Printed Name: CHANCE SHOWELL Title: ~~REGISTERED AGENT~~ AMBR

Signature: 
Printed Name: GREG RUSS Title: ~~REGISTERED AGENT~~ AMBR

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:

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

**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: SHADOW WARRIOR RIDERS MOTORCYCLE CLUB, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

836 KINGSTREE LANE

WINTER GARDEN, FL 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MILITARY, VETERANS AND PUBLIC SERVANT ADVOCATION

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FILED IN 100-6041200

ARTICLE IV SHARES

The number of shares of stock is: 17

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: CHANCE SHOWELL, REGISTERED AGENT
AMBR

Address: 836 KINGSTREE LANE
WINTER GARDEN, FL 34787

Name and Title: TROY BLANCHARD, REGISTERED AGENT
AMBR

Address: 1000 EAST ROBINSON STREET, STE J
ORLANDO, FL 32801

Name and Title: BEN GREENWOOD, REGISTERED AGENT
AMBR

Address: 6650 LANDOVER BLVD
SPRING HILL, FL 34608

Name and Title: GREG RUSS
AMBR

Address: 4225 QUAIL ROOST ROAD
ST CLOUD, FL 34772

Name and Title: GEORGE BURNS, REGISTERED AGENT
AMBR


Address: 75 LIGHTFOOT TRAIL
DUNLA, TN 37327

ARTICLE VI REGISTERED AGENT

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

Name: CHANCE SHOWELL
Address: 836 KINGSTREE LANE
WINTER GARDEN, FL 34787

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



Required Signature/Registered Agent

12/21/20
Date