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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	





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W21-131412



October 1, 2021

ASHLEY MERKT 1807 AUGUSTINE DR THE VILLAGES, FL 32159

SUBJECT: SARASITA LLC Ref. Number: W21000131412

We have received your document for SARASITA LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 821A00023841

DANIEL L O'KEEFE Regulatory Specialist II



#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Sarasita LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Ashley Merkt  (Contact Person)  Sarasita LLC  (Firm/Company)
1807 Augustine Or (Address)
The Villages FL 32159 (City State and Zip Code)
Sarasita II ca amail. Com  E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:  A Shey Merkt at (201) 566-1691  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization)  \$150.00 Filing Fees
Mailing Address:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, Fl. 32314  Walloco   31412  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

### "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.

rticles of Conversion is:
<del></del> '
mmon law or business trust, etc.
the name of the country)
Articles of Organization:
nn 90 calendar days after s date will not be listed as the
es.
oraisal rights the amount to
2021 RU

Signed this 2 day of October 20 21.	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative: <u>Ashley Merkt</u> Printed Name: Ashley Merkt Title: Ap	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature: - Ashley Merkt Title: _ Ap Founder/Sole employe	<u>ea</u> .
Signature:	
Printed Name: Title:	
Signature: Title:	
Printed Name:Title:	
Signature: Printed Name: Title:	
Signature: Title:	
Printed Name: Title:	
Signature: Printed Name: Title:	
Printed Name: Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
If Florida General Partnership or Limited Liability Partnership:	
If Florida Limited Partnership or Limited Liability Limited Partnership:         Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: \$25.00	

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1807 Augustine Dr The Villages FL 32159	+ Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the the street address of the the street address of the the street address of the street address (P.O.)	1erkt_ ustine Dr
The Villages	S FL 32159 Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of al performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

Name and Address:
Ashley Merkt 1807 lAugustine or The Villages FL 36
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<del></del> _
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an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree fell
ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)