# 

(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:





12/14/21--01020--013 \*\*150.00

## **COVER LETTER**

Division of C	orporations			
SUBJECT: BUCKEY	'E VALUATION SERVIC	ES LLC		
SUBJECT.		sulting Florida Lim	ted Con	npany)
				nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
JOSHUA RAY SMITH				
	(Contact Person)		-	
BUCKEYE VALUATIO	N SERVICES LLC			
	(Firm/Company)	-	-	
15732 BUTTERFISH F	PLACE			
	(Address)		_	
LAKEWOOK RANCH	FL 34202			
(0	City, State and Zip Code)		_	
josh.bvsappraiser@gn	nail.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
JOSHUA RAY SMITH		_at (	601-	0687
(Name of Conta	et Person)		_/	rtime Telephone Number)
	or the following amou a bank located in the	•	proces:	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		□\$180.00 Filing and Certified Co	-	<del>-</del>
Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

**TO:** New Filing Section

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:

(Enter Name of Other Business Entity)

**BUCKEYE VALUATION SERVICES LLC** 

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/21/2011 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:
BUCKEYE VALUATION SERVICES 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.)
<u>Note:</u> 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 24 day of November	_20 <u>21</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Andrew Printed Name: JOSHUA RAY SMITH	Tine: OWNER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Simplific Gother Pur Smill	
Signature: JOSHUA RAY SMITH	Title: OWNER
Signature:	
Printed Name:	
Simplify.	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
Timed Name.	
Signature:Printed Name:	Tid
Printed Name:	Tric.
If Florida Corporation:	o. m
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
organization of the desirent function.	
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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The hame of the Elimed Elability Con	ipany is.			
BUCKEYE VALUATION SERVICES LLC	· · · · · · · · · · · · · · · · · · ·			
(Must contain the words "Lim	ited 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:			
15732 BUTTERFISH PLACE	15732 BUTTERFISH PLACE			
LAKEWOOK RANCH FL 34202	LAKEWOOK RANCH FL 34202			

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

JOSHUA RAY SMITH	
Name	
15732 Butterfish Place	e
LAKEWOOK RANCH FL 3420	2
Florida street address (P.O.	Box NOT acceptable)
LAKEWOOD RANCH	FL <sup>34202</sup>
City	Zip

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR/MGR	T 1
AMDK/MOR	Joshun Smith 1578 Butterfish Place
1	Lakewood Ranch, FL 34202
	·
	782
	-
(Use attachment if necessary)	
LE V: Other provisions, if any.	•
The v. Other provisions, it any.	
——————————————————————————————————————	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document is a document in	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware

#### 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)