Laa0004a9103

(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:



200395227822 s. CHATHAM oct - 5 2022

Office Use Only

COVER LETTER

TO:	New Filing S Division of C				
SURI	ECT: 6 Doors	Deep, LLC			
CODA		(Name of Re	sulting Florida Lim	ted Con	припу)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernín	g this matter to:		
Andre	a Chacin				
		(Contact Person)		-	
York I	iowell				
		(Firm/Company)		-	
10610	South Jordan G	ateway, Suite 200			
		(Address)	•	_	
South	Jordan, Utah 84	020			
	(1	City, State and Zip Code)		-	
	a@yorkhowell.co			_	
E-n	rail Address: (to b	e used for future annual re	port notifications)	-	
For fu	rther informati	on concerning this ma	tter, please call:		
Andrea	a Chacin		_at (801)527-1	
	(Name of Conta	et Person)	(Area Code) (Day	rtime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	S155.00 Filing Fees and Certificate of Status	☐S180,00 Filing and Certified Co		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallabassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/5/2022

NAME:

6 DOORS DEEP, LLC

TYPE OF FILING: CONVERSION

COST:

155.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

22 BC 1 -5 PM 3: 0:

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: 6 Doors Deep, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
November 14, 2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
6 Doors Deep, 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 29th day of September	20
Signature of Authorized Representative of biga	
Signature of Authorized Representative: Camero Printed Name: Cameron Hemphill	on Hemphill
Printed Name: Cameron nemprili	Little: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Cameron Hemphill	
Printed Name: Clamboor Hemphill Midelle Hemphill	Title: Manager
Signature: Modette Hempfull	
Signature: Conditional Signature: Nicolette Hemphill	Title: Manager
Signature	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida Canaral Partnership as Limited Linkili	ity Partnarchin
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ny ratmersmp.
If Plantide I bestand Bernamenah berna I bestand Fieldin	and instead Dustmanikin.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
	
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
	www.co.w.compression.com

DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan						
The name of the Li	mited Liability Company is:					
6 Doors Deep, LLC						
(Mu:	st contain the words "Limited Liability	Company, '	L.L.C.," or "LLC.	'')		
ARTICLE II - Ad	dress:					
The mailing address	s and street address of the pri	ncipal of	ice of the Lin	nited Liability Comp	oany i	is:
Principal Office A	ddress:	Mailing	Address:			
13 Heartwood St		13 Heart	wood St			
Inlet Beach, FL 3246	1	inlet Bea	ch, FL 32461		22	IAIG
(The Limited Liability Co business entity with an a	egistered Agent, Registered impany cannot serve as its own Registe ctive Florida registration.) Torida street address of the re Paracorp Incorporated Name	red Ageni. \	ou must designate		OCT -5 PM 3: 05	DRETARY OF STATE ON OF CORPORATIONS
	155 Office Plaza Drive, 1st	Floor		_		
	Florida street address (P.O.	Box NO	<u>r</u> acceptable)			
	Tallahassee,	FL	32301	_		
	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.

JODY MOUA, ASSISTANT SECRETARY
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized M	Name and Address:
"MGR" = Manager Manager	Cameron Hemphill 13 Heartwood St Inlet Beach, FL 32461
Manager	Nicolette Hemphill 13 Heartwood St Inlet Beach, FL 32481
	Inlet Beach, FL 32481
(Use attachment if necessa	ary)
ARTICLE V: Other provisions, if	any.
REQUIRED SIGNATUR	₹E:
This document is executed in	ember or an authorized representative of a member raccordance with section 605.0203 (1) (b), Florida Statutes. I am aware that ed in a document to the Department of State constitutes a third degree felony F.S.
	Cameron Hemphill
	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)