La400086730

| (| Requestor's Name) |
|----------------------|-------------------------|
| | Address) |
| | 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: |
| | |
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| | |

Office Use Only



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MAN 24 PM I: I

T. L. (1) (1) FEB 2

COVER LETTER

| TO: New Filing Section Division of Corporati | ons | |
|---|---|---|
| SUBJECT: Brodie | | ted Company) |
| | - | ion, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S. |
| Please return all corresponde | nce concerning this matter to: | |
| Conta (Conta (Cystal Hollings (Firm) | | |
| (Conta | ct Person) | - |
| Clysial Hellings | , LL (| _ |
| 215 SE 8+h Ave | Company) APT 780 | _ |
| Ft. Lander Jale, | Address) | _ |
| Jarrin O Julin 610 | r future annual report notifications) | - |
| / } | at (\(\frac{1}{2} \) \(\frac{1}{2} \) (Area Code | , 546-7128 |
| (Name of Contact Person |) (Area Code | (Daytime Telephone Number) |
| Enclosed is a check for the fo | | processed by this office must be payable in US |
| <u> </u> | .00 Filing Fees tifficate of | |
| Mailing Address: New Filing Section | | Street Address: New Filing Section |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Conversion For "Other Business Entity" Into

2024 JAN 24 PM 1: 10

FILED

SIGN HARY OF STATE

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

| 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) |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| on <u>OS / o3 / Zul 4</u> (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Liability Company) |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 02//c//24. (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 17th day of hang | 20 7 4 |
|--|-------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Si sa Sa da Sa Danisa (| |
| Signature of Authorized Representative Printed Name: (1) (1) (3) | Title |
| Printed Name. 7/2, 77. 11 11/29:16 | Title. |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| | |
| Signature of | |
| Signature Printed Name: 15-1.4 | Title: Fontor |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | 77°.1 |
| Printed Name: | |
| Signatura: | |
| Signature:Printed Name: | Title |
| Timed (vane. | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| IC Florida Comondian | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an In- | |
| The birectors of Officers have not been selected, an in- | corporator must sign. |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All salesus | |
| All others: Signature of an authorized person. | |
| Signature of all additionized person. | |
| <u>Fees</u> : | |
| Articles of Conversion: | \$25,00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 JAN 24 PM 1: 11

| The hame of the Elithed Elability Company is: | AND OF STATE |
|--|--|
| Blosie Haldings, | LLC SECRETARY OF STATE |
| Aust contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the print | ncipal office of the Limited Liability Company rs. |
| Principal Office Address: | Mailing Address: |
| 215 SE 8to AVE ACT DEC FORT LONDOUS PL 39301 | 215 SF StANG ANT 780 FORT LANDONOIE FI |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
| The name and the Florida street address of the re | |
| ZIS SE GM, Florida street address (P.O. | AVE AFT BO |
| Fort Louter Soll | · |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S |
| Registered Agent's Signa | ature (REQUIRED) |

(CONTINUED)

| "AMBR" = Authorized Member "MGR" = Manager MGR R | |
|---|---|
| | Durrin Brasie & APTTRO ESS SE ATA AVE APTTRO |
| AMBR | Conview Annbile 216 SE EM AVO ALT X FUN LAND JULY, LL 3330 |
| | |
| | |
| uUse attachment if necessary) | |
| , | |
| LE V: Other provisions, it am | |
| ,, | |
| ,, | |
| REQUIRED SIGNATURE: Signature of a member or mais document is executed in accordance any false information submitted in a document as provided for in s. 817.155, F.S. | • |
| REQUIRED SIGNATURE: Signature of a member or mais document is executed in accordance any false information submitted in a document as provided for in s. 817.155, F.S. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony ped or printed name of signee |

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

ARTICLE IV-