

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Black Pear 1 Management, LLC (Name of Resulting Florida Limited Company)		
The enclosed Certificate 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. 608.439, F.S.		
Please return all correspondence concerning this matter to:		
Lawrence Craia (Contact Person)		
(Firm/Company)		
6563 N.W. 127 Terrace		
(Address)		
6563 N.W. 127 Terrace  (Address)  Parkland F1. 33076  (City, State and Zip Code)		
(City, State and Zip Code)		
LCRAIG 3 @ HOTMAIL . COM.		
E-mail address: (to be used for future annual report notifications)		
For further information concerning this matter, please call:		
Lawrence Cours 01913 1486-9025		
Lawrence Craig at (9/3) 486-9025  (Name of Contact Person) (Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status  \$180.00 Filing Fees and Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

#### **Certificate of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of		
Conversion is: Black pear   Management Inc.  (Enter Name of Other Business Entity)		
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 2/28/11 (Enter date "Other Business Entity" was first organized, formed or incorporated)		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
Black pear   Management, LCC (Enter Name of Florida Limited Liability Company)		
(Enter Name of Florida Limited Liability Company)		
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)		
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.		
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is		

currently organized, formed or incorporated.

Signed this	day of	20		
Individual signing affir	rms that the facts sta	resentative of Limited Liability Company: ated in this document are true. Any false information ed for in s.817.155, F.S.		
Signature of Member o Printed Name: <u>Wi</u>	r Authorized Represe COCE Crau	entative: Decopy Member		
Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]				
Signature: Printed Name: Rose	MARIE CRA	Title: <u>Managing member</u> Title: <u>Managing member</u>		
Signature: Cel Printed Name: Lawr	ENCE CRAIG	Title: <u>Managing</u> member		
Signature:Printed Name:		Title:		
Signature:Printed Name:		Title:		
Signature:Printed Name:		Title:		
Signature:Printed Name:				
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 Part Signature of one Genera		Liability Partnership:		
If Florida Limited Part Signatures of <u>ALL</u> Gene		Liability Limited Partnership:		
All others: Signature of an authorize	ed person.			
Fees:				
Certificate of Conversion Fees for Florida Article Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Black Pearl Management, LLC.  (Must end with the words "Limited Liability Company, the abbreviation "L.C.," or the designation "LLC.")
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "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:
6563 NW 127 Terrace 6563 NW 127 Terrace Parkland Fl. Farkland Fl. 33076
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 business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Lawrence Crong Name
Name
6563 NW 121 Terrace.
Florida street address (P.O. Box NOT acceptable)
Parkland FL 33076
Parkland FL' 33076. City, State, and 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 608, F.S
Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing N	Member	
MGRM"	Lawrence Croig 6563 NW 127 Ferrace	
"MGRM"	Rosemarie Croug 1563 NW 127 Torrace Parkland Fl 33076	
MGRM	Martin Craig. 6563 NW 127 Terrace. Parkland F1. 33076.	
(Use attachment if neces	ssary)	
(The effective date: 1) cannot the Florida Department of S	if other than the date of filing:  (OPTIONAL)  the prior to nor more than 90 days after the date this document is filed by tate; AND 2) must be the same as the effective date listed in the attached an effective date listed therein.)	
REQUIRED SIGNATURE:		
Signature of a me	ember or an authorized representative of a member.	
the penalties of perjury that	508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
LASUS	Typed or printed name of signee	
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