

LI1000060337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

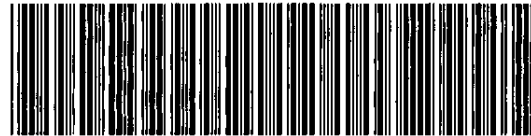
Special Instructions to Filing Officer:

LI1000000191

Office Use Only

EFFECTIVE DATE

01/03/2011



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01/03/11--01030--025 \*\*185.00

FILED  
11 JAN -3 AM 11:34  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

D. BRUCE

MAY 23 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2011

ALICIA GONSALVES  
90 SON IN LAW RD  
BONIFAY, FL 32425

850-258-3110

SUBJECT: FLORIDA SPRINGS RV RESORT LLC  
Ref. Number: W11000000191

We have received your document for FLORIDA SPRINGS RV RESORT LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

The effective date cannot be prior to 01/03/2011, the date received by this office.,

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 911A00000152

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11 JAN -3 AM 11:34  
DIVISION OF STATE  
CORPORATIONS, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA SPRINGS RV RESORT 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:

ALICIA GONSAVES  
(Contact Person)

(Firm/Company)

90 SON IN LAW RD  
(Address)

BONIFAY FLORIDA 32425  
(City, State and Zip Code)

aliciaofsrv@gmail.com  
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ALICIA GONSAVES at (850) 258-3110  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

N/A ☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization) ☐ \$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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
11 JAN -3 AM 11:35  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

FL SPRINGS RV & CAMPGROUND, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION P09000025246  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

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 3/18/2009  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

FLORIDA SPRINGS RV RESORT LLC.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 01/03

(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.

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11 JAN -3 AM 11:35  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Signed this 13th day of DECEMBER 2010.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Individual signing affirms 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.

Signature of Member or Authorized Representative: Andy Gonzales  
Printed Name: ANDY GONZALVES Title: PRESIDENT (MANAGING 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: Andy Gonzales  
Printed Name: ANDY GONZALVES Title: MANAGING MEMBER

Signature: Alicia Kidd-Gonzales  
Printed Name: ALICIA KIDD-GONZALVES Title: MANAGING MEMBER

Signature: Dana L. Johnson  
Printed Name: DANA L. JOHNSON Title: MANAGING MEMBER

Signature: Joseph B. Gonzales  
Printed Name: JOSEPH B. GONZALVES Title: MEMBER

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 Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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11 JAN - 3 AM '10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA SPRINGS RV RESORT 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:**

90 SON IN LAW RD  
BONIFAY FLORIDA 32425

90 SON IN LAW RD  
BONIFAY FLORIDA 32425

**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:

ANDY GONSAVES

Name

90 SON IN LAW RD

Florida street address (P.O. Box **NOT** acceptable)

BONIFAY FL 32425

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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..*

Andy Gonzales

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ANDY GONSALVES

90 SON IN LAW RD

BONIFAY FL 32425

MGRM

ALICIA GONSALVES

90 SON IN LAW RD

BONIFAY FL 32425

MGRM

DANA L JOHNSON

16208 SKY AVE

PANAMA CITY BCH FL 32413

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/03/11  
(OPTIONAL)

(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 Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**

Andy Gonzales

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ANDY GONSALVES

Typed or printed name of signee

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11 JAN - 3 AM 11:35  
DEPARTMENT OF STATE  
ALLAHAMSEE, FLORIDA