# L14000/63806

(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:

Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

SUBJECT: BOSTON FOX TIGUE INTERMATIONAL LLC (Name of Resulting Florida Limited Company)
The enclosed Articles 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. 605.1045, F.S.
Please return all correspondence concerning this matter to:
MR ADRIAN FOX (Contact Person)
BOSTON FOX TIGUE INTERNATIONAL LLC (Firm/Company)
70 US ROUTE 1 (Address)
FALMOUTH MAINE 04/05 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
MR PARIAN FOX at (207) 4/5 3553 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & Status Status  \$150.00 Filing Fees and Certified Copy & Status  \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

#### **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:
BOSTON FOX TIGUE INTERNATIONAL 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
on 16 OECEMBER, 1998.  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BOSTON FOX TIGUE INTERNATIONAL LLC (Enter Name of Florida Limited Lightlity Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12/1/4. (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with all applicable statutes.

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SECRETARY OF STATE
ANALYSIS F. FI ORIDA

•		
Signed this/4 day ofOCTOBER	_20 <u>14</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	man -tox	
Printed Name: ADRIAN FOX	Title: MANAGING	MRECTOR
Signature(s) on behalf of Other Business Entity:	See below for required signs	ture(s).l
	•	
Signature: Advian Tox Printed Name: ARRIAN FOX		
Printed Name: MA 100/	Title: 100100 CIA/E	4050-700
Trinica Name, MARIBIO POX	THE. WAS VERY CANCE	DIREC TOR
Ciamatuma		
Signature:	T:41	<del></del>
Printed Name:	Title:	
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Signature:	That is	
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Signature:		<del></del>
Printed Name:	Title:	
at a		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<del></del>
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In-	corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:	
Signature of one General Partner.		
<u>If Florida Limited Partnership or Limited Liabili</u>	<u>ty Limited Partnership:</u>	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
•		
Fees:		
<del></del>		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	FAS :
_	\$30.00 (Optional)	[-C]
Certified Copy:		<u> </u>
Certificate of Status:	\$5.00 (Optional)	<b>N</b>

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
BOSTON FOX TIGUE  (Must end with the words "Limited Liability")	IN TERNATIONAL LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3205 NATURE'S WAY-SUITE 219 LAKEW80D RANCH FLORIGA 34202	8205 NATURE'S WAY -SUITE QI LAKEWOOD RANCH FLORIDA 34202
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
SUSAN	FOX
Name	
4518 CEDAR	BRUSH TERRACE Box NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)
<i>SARASOTA</i> City	FL 34243
City	Zip
liability company at the place designated in registered agent and agree to act in this capacitors statutes relating to the proper and complete particles accept the obligations of my position as regions.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and tistered agent as provided for in Chapter 605, F.S
Susan Fo	<b>5</b> X
Registered Agent's Signa	ature (REQUIRED)
(CONTINU Page 1 of	72
5	me 3 m

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR_	MR PARIAN FOX 4518 CEDAR BRUSH TERRACE SARASOTA, PLORIDA 34243
effective date is listed, the date mu	the date of filing: <u>DECEMBER 1, 2014</u> (OPTIONAL) ust be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	ist be specific and cannot be more than five business day
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.0203 constitutes an affirmation under the p am aware that any false information	the specific and cannot be more than five business day the analysis of a member.  3 (1) (b), Florida Statutes, the execution of this document tenalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State
PICLE V: Effective date, if other than effective date is listed, the date muse 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.0203 constitutes an affirmation under the pam aware that any false information constitutes a third degree felony as presented.	the specific and cannot be more than five business day the analysis of a member.  3 (1) (b), Florida Statutes, the execution of this document tenalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State

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ARTICLE IV-