

L15000000269

(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



400266644964

Effective Date 12/31/14

12/31/14--01001--019 **310.00

RECEIVED
DEPARTMENT OF STATE
14 DEC 30 PM 2:56

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DIVISION OF CORPORATIONS
14 DEC 30 PM 12:49

JAN 02 2015
J. HARRIS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Chappell Innovation, Inc.

Signature _____

Requested by: SETH

12/30/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File Conversion
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chappell Innovation, 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:

Heather Quinn

(Contact Person)

Korn & Zehmer, P.A.

(Firm/Company)

822 A1A North, Suite 315

(Address)

Ponte Vedra Beach Florida 32082

(City, State and Zip Code)

hlppes@bellsouth.net

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

John Zehmer

at (904)

280-0005

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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



RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2014

CAPITAL CONNECTION, INC
SETH

SUBJECT: CHAPPELL INNOVATION, LLC
Ref. Number: W14000076930

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DIVISION OF CORPORATIONS
14 DEC 30 PM 12:49

We have received your document for CHAPPELL INNOVATION, LLC and your check(s) totaling \$310.00. 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.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 414A00027490

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DEPARTMENT OF STATE
14 DEC 31 PM 1:22

Articles of Conversion
For
"Other Business Entity"
Into
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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Chappell Innovation, Inc. P12000054179
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation
(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
on 06/13/2012 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Chappell Innovation, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 12/31/2014
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 30 PM 12:49

Signed this 29th day of December 2014

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Harold Lippes
Printed Name: Harold Lippes Title: Personal Representative

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Harold Lippes
Printed Name: Harold Lippes Title: Manager

Signature: Gianni Arcaini
Printed Name: Gianni Arcaini Title: Manager

Signature: _____
Printed Name: James Kern Title: Manager

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 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:

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

Signed this 29th day of December 2014

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Harold Lippes Title: Personal Representative

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: Harold Lippes Title: Manager

Signature: _____
Printed Name: Gianfranco Albani Title: Manager

Signature: _____
Printed Name: James Kern Title: Manager

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 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:

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

Effective Date 12/31/14

**ARTICLES OF ORGANIZATION
FOR
CHAPPELL INNOVATION, LLC**

ARTICLE I

The name of this Limited Liability Company is: Chappell Innovation, LLC (hereinafter referred to as the "Company").

ARTICLE II

The street address and mailing address of the principal office of the Company is: 8400 Baycenter Road, Jacksonville, Florida 32246.

ARTICLE III

The period of duration fro the Company will be effective 12/31/2014 and shall continue indefinitely until the occurence of any event which requires the dissolution of the Company under applicable law.

ARTICLE IV

The street address of the initial registered office of the Company is: 700 Ponte Vedra Lakes Boulevard, Ponte Vedra Beach, Florida 32082, and the name of the initial registered agent of the Company at that address is Harold Lippes.

ARTICLE V

The Company is to be managed by one or more managers, and is therefore a manager-managed company. The number of managers shall not be less than one (1), but may be such greater number as appointed by the Members from time to time in accordance with the Operating Agreement of the Company. Initially, there shall be three (3) managers, whose names and addresses are:

<u>Name</u>	<u>Address</u>
Harold Lippes	8400 Baycenter Road Jacksonville, Florida 32246
Gianni Arcaini	8400 Baycenter Road Jacksonville, Florida 32246
James Kern	8400 Baycenter Road Jacksonville, Florida 32246

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THE UNDERSIGNED, being the initial Member of the Company, hereby makes, subscribes, acknowledges and files these Articles of Organization, and in accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. The undersigned is aware that any false information submitted in this document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes. The undersigned accordingly has hereunto set his hand and seal this 29th day of December, 2014.

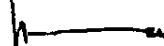
Estate of Katheryne Chappell Drennon

By: 

Name: Harold Lippes

Title: Co-Personal Representative

Gianni Arcaini

By:  2014.12.23 15:51:06 -05'00'

Name: Gianni Arcaini

Title: Co-Personal Representative

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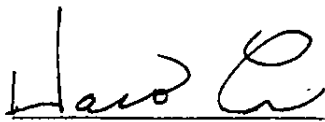
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113(2), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Chappell Innovation, LLC.
2. The name and address of the registered agent and office is:

Harold Lippes
700 Ponte Vedra Lakes Boulevard
Ponte Vedra Beach, Florida 32082

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, Florida Statutes.



Harold Lippes

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DIVISION OF CORPORATIONS

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