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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Effective Date 21115

2015 JAN 29 PM 1: 17 SECRETARY OF STATE

FEB 24 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Golden Opportunities</u> B LLC (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
William Schlegel (Contact Person)
Solden Opportunities, B LLC (Firm/Company)
169 EL VERGEL LANE (Address)
ST. AUGUSTINE, FL 32080 (City. State and Zip Code) billschlegel 150 gmail. Pune
E-mail Address: (To be used for future annual report notifications)
For further information concerning this matter, please call:
William Schlegel at (440) 668-3667 (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) \$150.00 Filing Fees and Certified Copy \$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 32314

Tallahassee, FL 32301



February 9, 2015

WILLIAM SCHLEGEL 769 EL VERGEL LANE ST AUGUSTINE, FL 32080

SUBJECT: GOLDEN OPPORTUNITIES, B LLC

Ref. Number: W15000009317

We have received your document for GOLDEN OPPORTUNITIES, B 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 Certificate of Conversion must be signed by an authorized person.

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: 615A00002645

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: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of $\frac{\cancel{\text{Kentucky}}}{\cancel{\text{(Enter state, or if a non-U.S. entity, the name of the country)}}$ on $\frac{\cancel{4-3-12}}{\cancel{\text{(date of organization, formation or incorporation)}}}$
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: $2-1-2015$. (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.

Page 1 of 2

2015 JAN 29 PM 1: 17
SECRETARY OF STATE
AHASSEE FI COLD.

Signed this 24th day of Sanvery	20. /5		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: William SCHLEGEL			
Signature(s) on behalf of Other Business Entity:			
Signature: Willia Schlight Printed Name: WILLIAM SCHLEGEL	Title: MESIDEOT	· •	
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:			
Signature:Printed Name:	Title:		
Signature: Printed Name:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Indiana.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		TAL SE	3
<u>Fees:</u>		SECRETI SALLAHA	7
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ARY OF STATE ASSEE, FLORE	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•			
ARTICLE I - Name:	Effective Date 3/1/1	5	
The name of the Limited Liability Company is:			
Golden Opportunitie (Must end with the words "Limited Liability	es, B LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ADTICLE II Addisses			
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Lia	ability Comp	any is:
Principal Office Address:	Mailing Address:		
169 EL VERGEL LADE ST. AUGUSTINE PL	169 EZ VERGEL	LANE	
ST. AUGUSTINE FL	169 EL VERGEL 5+ AUGUSTING F 32080		
32080	32080		
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	gistered agent are:		
William 5	chlegel		
Name			
169 EL VERGO	EL LANE		
Florida street address (P.O.			
5T. AUGUST 1NE	FL 32080		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional.	this certificate, I hereby accept to by. I further agree to comply with erformance of my duties, and I o	the appointme th the provision am familiar w	ent as ons of all rith and
William Xthly			
Registered Agent's Signa	iture (REQUIRED)		
(CONTINU		2015 JAN 29 SECRETARY TALLAHASSI	
Page 1 of	2	29 PM RY OF S	

Company:	ress of each person a	uthorized t	o manage ar	nd control t		i Liabilit	y
Title: "AMBR" = Autho "MGR" = Manage	rized Member	Name a	and Address	<u>s:</u>			
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n effective date is list	ate, if other than the d						
FICLE V: Effective d in effective date is list r 90 days after the dat	ate, if other than the ded, the date must be e of filing.)						
(Use attachment if FICLE V: Effective data is list or 90 days after the data of FICLE VI: Other proversely SIG	ate, if other than the ded, the date must be de of filing.) isions, if any.	e specific a	nd cannot b	oe more th			
FICLE V: Effective data is list r 90 days after the data FICLE VI: Other proverse REQUIRED SIG	nate, if other than the ded, the date must be de of filing.) isions, if any. NATURE: MALL ature of a member of section 605.0203 (1) at the date information submitted.	Amor an author (b), Floridaties of perjunitted in a	SHUEGO TIZED TEPTOR Statutes, the statutes of the statutes of the statute of the	esentative the execution acts stated the Depart	of a memin of this do herein are	ber.	
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