L15000079237

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT: GOLDE	N BEE TOURS LLC	2				
0000		(Name	of Res	ulting Florida	Limite	ed Company)	
				_		nd fees are submitted to convert an accordance with s. 605.1045, F.S.	"Other
Please	return all corre	espondence concernin	g this	matter to:			
PAUL	F. SCHNEID)ER					
		(Contact Person)	-				
SCH	NEIDER & AS	SOCIATES OF SO	FL L	.LC			
		(Firm/Company)					
7860	PETERS RD	, F-110					
		(Address)					
PLAN	NTATION, FL	33324					
	((City, State and Zip Code)					
PAUL	_@SCHNEIDI	ERASSOC.COM					
E-ir	nail Address: (to b	e used for future annual re	port no	otifications)			
For fu	rther information	on concerning this ma	tter, p	lease call:			
PAUL	F. SCHNEID	ER	at (954	474	8889	
	(Name of Conta	ct Person)	_ _ \.	(Area Code)	(Da	ytime Telephone Number)	
Enclos	sed is a check fe	or the following amou	ınt:				
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Divisi Clifton	ET ADDRESS ration Section on of Corporati n Building Executive Cente	ons		Registra Division P. O. Bo	ntion n of C ox 63	ADDRESS: Section Corporations 327 FL 32314	

Tallahassee, FL 32301

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 Statute's.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles GOLDEN BEE TOURS LLC	of Conv	version	ı is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of NEW YORK STATE			
on SOT 29, 2005 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the nation of the incorporation)	ne of the	countr	_ y)
3. The name of the Florida Limited Liability Company as set forth in the attached Article GOLDEN BEE TOURS LLC	s of Or	ganiz	ation:
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date:	i.,	21	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	ıme as	tlæef ≈	
5. The plan of conversion has been approved in accordance with all applicable statutes.	818 473 818 40 819	8 PM 12	
Page 1 of 2		ဏ	

Signed this 20TH day of APRIL	20 <u>15</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	back in OB 10
Signature of Authorized Representative:	THE MANAGEMENT OF THE PARTY OF
Printed Name: MARIA B. BALL	Title: MANAGING MEMBER
St	(S balan fan manningd sign atmus(s) l
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Wheatis Q. Bull	
Printed Name: MARIA B BALL	Title: MANAGING MEMBER
Timed Name. WW WW B DI IBE	Title: MANAGEMENTO MEMOLET
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
teni il d	
If Florida Corporation:	066
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnarchine
Signature of one General Partner.	ty 1 arthership.
orginatine of one General Farther.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnershin:
Signatures of ALL General Partners.	<u> </u>
<u></u>	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
GOLDEN BEE TOURS LLC (Must end with the words "Limited Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Mail	ling Address:
	9 NE 25TH AVENUE LAUDERDALE, FL 33308
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.)	
The name and the Florida street address of the register	ed agent are:
PAUL F. SCHNEIDER	
Name	
7860 PETERS ROAD, F-110	
Florida street address (P.O. Box 1	NOT acceptable)
<u>P</u> LANTATION FI	_ 33324
City	Zip
Having been named as registered agent and to accept liability company at the place designated in this coregistered agent and agree to act in this capacity. If a statutes relating to the proper and complete perform accept the obligations of my position as registered. Registered Agent's Signature (CONTINUED)	ertificate, I hereby accept the appointment as wither agree to comply with the provisions of all nance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MARIA B BALL
*** *** *** *** **** *****************	3609 NE 25TH AVENUE
	FT. LAUDERDALE, FL 33308
effective date is listed, the date mus	he date of filing: (OPTIONAL st be specific and cannot be more than five business dates
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONAI st be specific and cannot be more than five business da
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CLE V: Effective date, if other than the effective date is listed, the date must obtain days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
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ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)