# 15000176828

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



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SECACTARY OF STATE ALL AHASSEE FLORID

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Office Use Only

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# **COVER LETTER**

"Other

	stration S sion of C	Section orporations		
SURIFCT:	Lady Di I	Fishing Team II, LLC		
Sebsec 1.		(Name	of Resulting Florida Lim	ited Company)
				and fees are submitted to convert are accordance with s. 605.1045, F.S.
Please return	all corre	espondence concernin	g this matter to:	
C. Daniel Rice	:			
		(Contact Person)		
Mayport Venti	are Partner	s, LLC		
		(Firm/Company)		
50 N. Laura St	., Suite 12	08		
		(Address)		
Jacksonville, F	L 32202			
	((	City, State and Zip Code)		
cdrice@maypo	ort.cc			
E-mail Add	ress: (to b	e used for future annual re	port notifications)	
For further in	nformatio	on concerning this ma	tter, please call:	
C. Daniel Rice			at (904 ) 359	9-0500
(Name	e of Conta	ct Person)	(Area Code) (D	9-0500 Paytime Telephone Number)
Enclosed is a	check f	or the following amou	nt:	
\$150.00 File (\$25 for Converse & \$125 for Art of Organization	rsion icles	□\$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 A		S:		ADDRESS:
Registration Division of C		one	Registration	
Clifton Build		OHS	P. O. Box 6	Corporations 5327
2661 Execut		er Circle		e, FL 32314

INHS11 (06/15)

Tallahassee, FL 32301



August 20, 2015

C. DANIEL RICE MAYPORT VENTURE PARTNERS, LLC 50 N LAURA ST, STE 1208 JACKSONVILLE. FL 32202

SUBJECT: LADY DI FISHING TEAM II, LLC

Ref. Number: M07000003228

We have received your document for LADY DI FISHING TEAM II, 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):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Articles of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

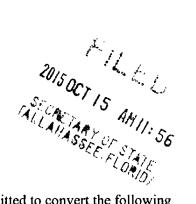
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown Regulatory Specialist II

Letter Number: 815A00017623

# 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.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 22	day of July	20_15
Signature of A	uthorized Representative of Lim	ited Liability Company:
Signature of Au Printed Name: C	athorized Representative:	Title: Manager
		[See below for required signature(s)]
	_ <	
Printed Name: (	paniel Rice	Title: Manager .
Signature:		
Printed Name:_		Title:
Sionatura		
Printed Name:_	· · · · · · · · · · · · · · · · · · ·	Title:
Signature: Printed Name:		Title:
Signature:	- J	Title:
Printed Name:		Title:
Signature:		
Printed Name:_		Title:
If Florida Corp		
	airman, Vice Chairman, Director, or	Officer.
	officers have not been selected, an In	
If Florida Gene	ral Partnership or Limited Liabili	tv Partnership:
Signature of one	General Partner.	
	ted Partnership or Limited Liabili LL General Partners.	ty Limited Partnership:
All others: Signature of an a	authorized person.	
Fees:		
Fees for Certified	of Conversion: Florida Articles of Organization: I Copy: ate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	L	E	I	-	N	a	m	e	:
---	---	---	----	---	---	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

Lady Di Fishing Team II, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

2015 OCT 15 AMII: 56

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

<b>Principal Office Address:</b>	Mailing Address:
50 N. Laura St., Suite 1208	50 N. Laura St., Suite 1208
Jacksonville, FL 32202	Jacksonville, FL 32202

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:

C. Daniel Rice		
	Name	
50 N. Laura St., Suit	e 1208	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Jacksonville	Florida	32202
City	State	Zip

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, F.S.

(CONTINUED)

Page 1 of 2

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	0.5 (1.5)
Manager	C. Daniel Rice 50 N. Laura St., Suite 1208
	Jacksonville, FL 32202
	Jacksonville, FL 32202
	<del></del>
V: Effective date, if other than tive date is listed, the date must	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
tive date is listed, the date must filing.) the date inserted in this block do ent's effective date on the Departure. VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not rtment of State's records.
V: Effective date, if other than extive date is listed, the date must filling.) he date inserted in this block do ent's effective date on the Departure.  VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than tive date is listed, the date mustilling.) ne date inserted in this block do ent's effective date on the Depa VI: Other provisions, if any.  EOUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not rtment of State's records.
V: Effective date, if other than tive date is listed, the date mustilling.) ne date inserted in this block do ent's effective date on the Depa VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature This document is I am aware that a	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not rtment of State's records.
V: Effective date, if other than stive date is listed, the date mustilling.) he date inserted in this block do ent's effective date on the Depart VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature This document is I am aware that a constitutes a third	es not meet the applicable statutory filing requirements, this date will not retirement of State's records.  of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  ny false information submitted in a document to the Department of State

Page 2 of 2