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(Req	uestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
'(Bus	iness Entity Nar	me)	
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COVER LETTER

Division of Corporations
SUBJECT: (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 "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:
michael A. de Fanahl (Contact Person)
CDES
(Firm/Company) 23021 Grow Road
(Address) EUSTS P1 32736 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sum_\$150.00 Filing Fees and Certificate of \$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 Tallahassee, FL 32314

INHS11 (06/15)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

date listed in the attached Articles of Organization, if an effective date is listed therein.)

document's effective date on the Department of State's records.

Page 1 of 2

date this document is filed by the Florida Department of State; AND 2) must be the same as the effective

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 2 nd day of NovemBer	2015.
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: WAPEN A DEGANAL	AdDanahl LTitle: <u>Chārman</u>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: MAd Anall	<u>,</u>
Printed Name: MICHAELA deGanah	Title: Chairman 3
Signature: CML R. MUSSELVHIH Printed Name: CVNdy MUSSELWH HE	
Printed Name: CITAY MUSSELWH ITE	_ Title: VICE Chairman
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	
Signature:Printed Name:	,
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CI	_E	1 -	N	ame:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "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

23021 Grow Road

EUSTIS FT 32736

Malling Address

23021 Grow Rd.

EUSTIS FT 32736

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:

MICHABI A. deGanahl
Name

Florida street address (P.O. Box NOT acceptable)

BUSTIS FL 32736
City 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Mich ABT A defAnaly 23021 Grow Rd 1545715 FT 32736
AMZR	CINDY R. MUSSELWhile 23021 Grow Roll &
If an effective date is listed, the date mu o or 90 days after the date of filing.)	the date of filing: 2015. (OPTIONAL) st be specific and cannot be more than five business days pr et the applicable statutory filing requirements, this date will not be listed as te's records.
ocument's effective date on the Department of Sta	
ARTICLE VI: Other provisions, if any.	

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2