L/600004/23/

(Requestor's Name)
(Address)
(Address)
,
(City/Chana Zing/Dhana 49
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

W16-002086



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01/04/16--01037--027 **150.00

SECRETARY OF STATE
SECRETARY OF

× 03/02/16



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2016

JUDY MARXEN 7161 CEDAR POINT DR. N. PORT RICHEY, FL 34653

SUBJECT: SHADY LAKES CAMPGROUND, L.L.C.

Ref. Number: W16000002086

We have received your document for SHADY LAKES CAMPGROUND, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The "second part" of the CONVERSION (the Articles of Organization for the New Florida LLC) were not included. Please fill out that two(2) page form, make a copy of this Rejection Letter, and send them back to us.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 216A00000882

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shady Lakes Comparound L. C. (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:
Shady (Contact Person) Shady (ale es Campeground, CC) (Firm/Company)
76 Ceda to intervie
Mew Port Richard FL 34683 (City, State and Zip Code)
E-mail Address: (to boused for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (309) 221-5362 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees, and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status \$125 for Articles \$185.00 Filing Fees, Certified Copy \$185.00 F
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tolloboscop, 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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Thady Calles Camparolua Lulicr.
(m14-005911) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on Clave of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Shady lakes Company) (Enter Name of Florida Limited Lability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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

Signed this 31 day of December	- 20 lS
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Tudy Wary	
Signature(s) on behalf of Other Business Entity:	
Signature: Mike Martan	_Title: Partne
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
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 Liabili Signatures of <u>ALL</u> 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

ARTICLE I - Name	A	RT	ICL	ÆΙ	- N	ľame
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The name of the Limited Liability Company is:

Shady Lakes Can paround L. L.C. (Must end with the words "Limited Liability Company, "L.L.C.," of "LLC.")

ARTICLE II - Address:

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

Principal Office Address:
7161 Cedar Point I rive
Newfort Riche W.FL
341.013

Mailing Address:

7161 Cedar Point Drive NewPort Richey, FL 34653

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:

Name

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

C. Sacrate 240

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)

Page 1 of 2

SECOLARY OF STATE

Company:		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MCR	7161 Codar Point Dru	·~e
	New Port Richey, Fl	-3
AMBR	mike Marken -	
	Mei Cedag Point Dr	رصو
	New Port Richey, Fo	– ರ
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing: (OPTION	NAL)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not	s day
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date inserted in the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five busines the applicable statutory filing requirements, this date will not specords.	be list
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date inserted in the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accordance in accordance.	the applicable statutory filing requirements, this date will not s records. For an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes.	be list
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date inserted in the Department of State's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in action and am aware that any false informations.	the applicable statutory filing requirements, this date will not s records.	be list
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet that is effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in act I am aware that any false informationstitutes a third degree felony	the applicable statutory filing requirements, this date will not srecords. For an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	be list
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the seffective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false informationstitutes a third degree felony	the applicable statutory filing requirements, this date will not a records. For an authorized representative of a member. Ecordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State	be lis

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-