## L16000208259

Office Use Only



900291660569

10/28/16--01023--020 \*\*150.00

N6 2506

T. BURCH NOV 1 5 2016

### **COVER LETTER**

Division of Co	orporations				
SUBJECT: Coyote Pro	operty Mgmt Inc.			•	
SUBSECT:		f Resulting Florida 1	imited	Company)	
				I fees are submitted to convert an "cordance with s. 605.1045, F.S.	Other
Please return all corre	espondence concerning	g this matter to:			
Patrick DiSalvo					
	(Contact Person)				
DiSalvo & Associates, PI	LC				
	(Firm/Company)				
1760 N Jog Road, Ste 150	0				
	(Address)				
West Palm Beach, FL 33	411				
((	City, State and Zip Code)				
pdisalvo@d-acpa.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Patrick DiSalvo, CPA		at ( <sup>561</sup>	659-1	177	
(Name of Conta	ct Person)	(Area Code)	(Day	177 time Telephone Number)	
Enclosed is a check f	for the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILI	NG A	ADDRESS:	
Registration Section		Registr	ation :	Section	
Division of Corporat	ions			Corporations	
Clifton Building	ton Civela	P. O. B			
2661 Executive Central Tallahassee, FL 323		i allana	ssee,	FL 32314	

TO: Registration Section



### FLORIDA DEPARTMENT OF STATE Division of Corporations

16 NOV 15 PH 12: 49

November 1, 2016

PATRICK DISALVO 1760 N JOG ROAD STE 150 WEST PALM BEACH, FL 33411

SUBJECT: COYOTE PROPERTY MGMT INC

Ref. Number: W16000073906

We have received your document for COYOTE PROPERTY MGMT INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Tim Burch Regulatory Specialist III

Letter Number: 016A00023414

# Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Coyote Property Mgmt Inc	s Entity" immediately prior to the filing of the Articles of Conversion is:
	er Name of Other Business Entity)
2. The "Other Business Entity" is a	Corporation
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpor	ated under the laws of Florida
09/02/2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inc	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
Coyote Property Mgmt LLC	<u>.</u>
(Enter Name	of Florida Limited Liability Company)
4. If not effective on the date of fil	ing, enter the effective date:
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Article	prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective s of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been	approved in accordance with all applicable statutes.

Signed this 20th	day of October	_ 20 <u>16</u>
Signature of Au	thorized Representative of Limi	ted Liability Company:
Signature of Auth	norized Representative:	an Dhi
Drintad Nama: Tho	mas Wiley	Title: Treasure
Fillited Name. The	inds witey	_ Title: Treasurer
		See below for required signature(s)]
Signature:	noma Plenila	
Printed Name: Tho	mas Wiley	Title: Treasurer
Signature:		
Printed Name:		_ Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name		Title:
Timed Name		
Signature:		
Printed Name:		Title:
	_	
If Florida Corpo		000
	rman, Vice Chairman, Director, or	
ii Directors of Oi	ficers have not been selected, an In	corporator must sign.
If Florida Gener	al Partnership or Limited Liabili	ty Partnership:
Signature of one		
	ed Part <mark>nership or Limited Liabili</mark> <u>L</u> General Partners.	ty Limited Partnership:
All others: Signature of an a	uthorized person.	
Fees:		
Articles /	of Conversion:	\$25.00
	Florida Articles of Organization:	\$125.00 \$125.00
Certified	•	\$30.00 (Optional)
	te of Status:	\$5.00 (Optional)
Certifica	io or graius.	word (Optionar)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ipal office of the Limited  Iailing Address:  307 Pomerol Drive, Unit 405  Vellington, FL 33414  Iffice, & Registered Age  Agent. You must designate an instered agent are:  ox NOT acceptable)	ent's Signatu	ıre:	y is:
Iniling Address:  307 Pomerol Drive, Unit 405 Vellington, FL 33414  Iffice, & Registered Age Agent. You must designate an instered agent are:	ent's Signatu	ıre:	y is:
307 Pomerol Drive, Unit 405 Vellington, FL 33414  ffice, & Registered Age Agent. You must designate an i	ent's Signatu		CONTRACTOR OF THE PARTY OF THE
ffice, & Registered Age Agent. You must designate an i	ent's Signatu		Park the second
ffice, & Registered Age Agent. You must designate an i	ent's Signatu		CONTRACTOR OF THE CONTRACTOR O
Agent. You must designate an i			19 PM
		16 NOV 11, P	Congress of the second of the
ox <u>NOT</u> acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d fill ion	The second
ox <u>NOT</u> acceptable)		1 II, P	lak <sub>ng sa</sub> at
ox <u>NOT</u> acceptable)			
ox NOT acceptable)	have H		2,
<del></del> •	7 ***** 177	***	्री के हैं। 'हु सिन्दुर
<u>FL</u> 33414		ৰ্ম	in special
Zip	7		
	cept the appo ly with the pr nd I am famil	ointmer ovisior liar wit	nt as ns of all h and
	ture (REQUIRED)		stered agent as provided for in Chapter 605, I

Page 1 of 2

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	5 - 2 1 1129			
	Patrick Wiley		_	
	3307 Pomerol Drive, Unit 405		_	
	Wellington, FL 33414		_	
VP	lan Wiley		 	
	3307 Pomerol Drive, Unit 405	Elena ngo	-=	4 B
	Wellington, FL 33414	Tellar and Tellar		
_		3,1		
TR	Thomas Wiley	#11 g		
	3307 Pomerol Drive, Unit 405	· a	-33	
	Wellington, FL 33414	ي رغب		· ·
	_	A STATE OF THE STA		- 400
		)e-		
	<del>-</del>		_	
			_	
(Use attachment if necessary)				
ICLE V: Effective date, if other than	the date of filing:	(OPTI	ONA	L)
	ust be specific and cannot be more th	an five busir	iess d	ays
90 days after the date of filing.) If the date inserted in this block does not me	eet the applicable statutory filing requirements,	this data will -	ot ka 1	otad .
ent's effective date on the Department of St	ate's records.	uns date will n	ot de II	isted i
ICLE VI: Other provisions, if any.				
AND ALL LAWFUL BUSINESS.	<u> </u>			

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. 1 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.

Thomas Wiley , Treasurer
Typed or printed name of signee

**ARTICLE IV-**

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