L170000035780

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Cortificatos	of Status
Certified Copies	_ Certificates	Or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2017 JAN 23 PM 2: 50
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DALLAHASSEE, FLORIDA

V HERRING FEB - 3 2017

W17 0 7881

COVER LETTER

TO:	Registration S Division of C					
et no 1	ECT: BAHAM	•				
SUBJ	ECT:		sulting Florida Li	mited Cor	ompany)	
					nd fees are submitted to convert an "Otlaccordance with s. 605.1045, F.S.	her
Please	e return all corre	espondence concernin	g this matter to):		
NIGE	l reid					
		(Contact Person)		_		
BAHA	AMA GROUP LLC	5		•		
		(Firm/Company)				
1830 ľ	N. UNIVERSITY I	OR. BOX 330				
		(Address)				
PLAN	ITATION, FL 3332					
	((City, State and Zip Code)		_		
PML1	0628@GMX.COM	Λ				
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fa	erther information	on concerning this ma	tter, please cal	1:		
NIGE	L REID		at (954	չ 850-4	-4948	
	(Name of Conta	ct Person)	(Area Co	de) (Day	4948 aytime Telephone Number)	
		or the following amou a bank located in the	ınt: (All check	s proces:	ssed by this office must be payable in U	S
(\$25 fc	50.00 Filing Pees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified (\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divisi Clifto 2661	EET ADDRESS tration Section ion of Corporation Building Executive Center hassee, FL 3230	ions er Circle	Regi Divi P. O	stration : sion of C . Box 63	ADDRESS: Section Corporations 327 FL 32314	

INHS11 (08/16)



January 27, 2017

NIGEL REID 1830 N. UNIV. DR., BOX 330 PLANTATION, FL 33322

SUBJECT: BAHAMA GROUP LLC Ref. Number: W17000007881

We have received your document for BAHAMA GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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

Letter Number: 117A00001706

Thomas Chang Regulatory Specialist II New Filing Section

www.sunbiz.org

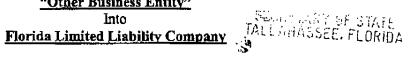
Articles of Conversion

For

"Other Business Entity"

FILEO

2017 JAN 23 PM 2: 50



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.

 The name of the "Other Business BAHAMA GROUP LLP 	Entity" immediately prior to the filing of the Articles of Conversion is:		
(Ente	T Name of Other Business Entity)		
2. The "Other Business Entity" is a	GENERAL PARTNERSHIP		
	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or incorpora	ted under the laws of FLORIDA		
12/15/2016 EFFECTIVE 01/02/2017	(Enter state, or if a non-U.S. entity, the name of the country)		
(date of organization, formation or inco	prporation)		
	Liability Company as set forth in the attached Articles of Organization:		
BAHAMA GROUP LLC (Enter Name of	of Florida Limited Liability Company)		
4. If not effective on the date of filin			
date this document is filed by the l date listed in the attached Articles	orior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.) a not meet the applicable statutory filing requirements, this date will not be listed as the not of State's records.		
5. The plan of conversion has been a	approved in accordance with all applicable statutes.		

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signature of Authorized Representative of Limit	ed Liability Company:		
1.1			
Signature of Authorized Representative: Printed Name:	Title FRIEDER	(44)	
Printed Name: PED Joseph	Title: 1019-12-2	- 620	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]		
Signature: Transfer Carlo		: Tas	
Printed Name: / 13 GEV	Title; TOUNDEFELT	Ė	
Signatura			
Signature:Printed Name:	Title:	-	
Trinica Ivanie.	11101	-	
Signature:		_	
Signature: Printed Name:	_ Title:	_	
Signature:Printed Name:	Tido	-	
Printed Name:	Inte:	-	
Signature:			
Signature:Printed Name:	Title:	- -	
Signature: Printed Name:	7014	_	
Printed Name:	_ 1 itle:	_	
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or	Officer.		
If Directors or Officers have not been selected, an Inc			
	•		
If Florida General Partnership or Limited Liabilit	ty Partnership:		
Signature of one General Partner.	€	# No. 22	
If Florida Limited Partnership or Limited Liabilit	v I imited Partnershin:		
Signatures of ALL General Partners.			
		35 2 2	
All others:		က္ညည္း ယ	
Signature of an authorized person.		E P	
Toons.			
Fees:		2: 50 5 1/41 E ORID/	
Articles of Conversion:	\$25.00)))	
Fees for Florida Articles of Organization:	\$125.00		
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

Signed this 30TH day of JANUARY 20 17

FILED

2017 JAN 23 PM 2: 50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

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:

1773 H. STATERN7 1830 H. 4HI	YERSILY DY
JUINTE 101B	# 1 SUX 330
33313	3725
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:

Principal Office Address:

		_				
Mil	5E1 - 4	F-ED				
	Name		_	1	6-1-50	`
Florida street address	ナー・レナ	1V83-5	si/	$\sum u^{-1}$	7704	72,1800
Florida street address	(P.O. Box <u>NOT</u> ac	ceptable)	_ /	13 00	33°C	
MMH-	十五十八	ist I	_3534			
City	State	Zip				

Mailing Address:

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 I of 2

FILED

ARTICLE IV- The name and address of each person authorized to	2017 JAN 23 PM 2: 50 to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MCR" = Manager TOUNDED	Name and Address: SCHOOL OF STATE TALL ANASSEE, FLORIDA
the date of filing.) Note: If the date inserted in this block does not meet the a	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's ARTICLE VI: Other provisions, if any.	s records.
REQUIRED SIGNATURE:	iggl Keen
This document is executed in account of the I am aware that any false informations constitutes a third degree felony at the I am aware that degree felony at the I am aware that are the I am aware that a ware th	en authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ution submitted in a document to the Department of State as provided for in s.817.155, F.S. or printed name of signec
	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)

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