# L17000 32534

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Hadiossy                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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|   |

Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2017

ELIZABETH A. NOLAN 2480 BLACKSBURG WAY THE VILLAGES, FL 32162

SUBJECT: BSX ENTERPRISES LLC

Ref. Number: W17000008190

We have received your document for BSX ENTERPRISES 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):

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 817A00001779

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### **COVER LETTER**

| Division of C  | Corporations   |   |   |               |
|--|--|---|---|---------------|
| SUBJECT: BSX Ente  | erprises LLC   |   |   |               |
| SUBJECT.   | (Name  | of Resulting Florida Limit                  | ted Company)  |               |
|  |  | •   | nd fees are submitted to co<br>accordance with s. 605.104             |               |
| Please return all corr   | espondence concernin                                 | g this matter to:                           |   | ÷0            |
| Elizabeth A.Nolan  |  |   |   | 7 5 6 7       |
| BSX Enterprises LLC  | (Contact Person)                                     |   |   | <u>۔</u><br>ن |
| 2480 Blacksburg Way  | (Firm/Company)                                       |   |   | F1 3: 10      |
|  | (Address)  | <u> </u>                                    |   | 5             |
| The Villages, Fl 32162   | City, State and Zip Code)                            |   |   |               |
| betsnolan@aol.com  |  |   |   |               |
|  | e used for future annual re<br>on concerning this ma |   |   |               |
| Elizabeth A. Nolan   | 3  |   | -8814   |               |
| (Name of Conta   | nct Person)  | (Area Code) (Da                             | nytime Telephone Number)  |               |
| Enclosed is a check f  | or the following amou                                | ent:  |   |               |
| □ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization)                       | \$155.00 Filing Fees and Certificate of Status       | □\$180.00 Filing Fees<br>and Certified Copy | \$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |               |
| STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323 | ions<br>er Circle                                    | Registration                                | Corporations<br>327   |               |

TO: Registration Section

# **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.

| (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  |                   |    |
| First organized, formed or incorporated under the laws of  | of the country)   |    |
| (date of organization, formation or incorporation)   |                   |    |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of BSX Enterprises LLC  | of Organization   | 1: |
| (Enter Name of Florida Limited Liability Company)  |                   |    |
| February 1, 2017   |                   |    |
| 4. If not effective on the date of filing, enter the effective date:   |                   |    |
| 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 of date this document is filed by the Florida Department of State; AND 2) must be the same date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a | e as the effectiv |    |
| 4. If not effective on the date of filing, enter the effective date:   | e as the effectiv |    |

| Signed this 18th day of JANUARY  |                                       |                     |            |
|--|---------------------------------------|---------------------|------------|
| Signature of Authorized Representative of Lim                          | ited Liability Company:               |                     |            |
| Signature of Authorized Representative:  Printed Name: EURABEDH A NORM | 1.4 (1) of.                           |                     |            |
| Signature of Authorized Representative:                                | Title: MANAGING PANTNER               |                     |            |
| Printed Name: CHHARETH A NOUTO   | Title: MANIMETUE THAT TOOL            | _                   |            |
| Signature(s) on behalf of Other Business Entity:                       | [See below for required signature(s)] |                     |            |
| Signature: / hourt de  |                                       |                     |            |
| Printed Name: ELIZAGETH A NUA  | Title: MANAGING FARTNEN               |                     |            |
| Signature:   |                                       |                     |            |
| Signature:Printed Name:  | Title:                                |                     |            |
| Signature:   |                                       |                     |            |
| Signature: Printed Name:   | Title:                                |                     |            |
| 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 In                 | ncorporator must sign.                |                     |            |
| <u>If Florida General Partnership or Limited Li</u> abili              | ity Partnership:                      |                     |            |
| Signature of one General Partner.                                      | -                                     |                     | ₩.co       |
| If Florida Limited Partnership or Limited Liabili                      | ity I imitad Dartnarchin              | 7                   | (1)<br>(1) |
| Signatures of <u>ALL</u> General Partners.                             | ty Limited Partnersing.               | <del>(</del> )      |            |
| All others:  |                                       | ω                   |            |
| Signature of an authorized person.                                     |                                       |                     | - ·<br>• / |
| Fees:  |                                       | بب<br><u>-</u><br>ت | J.F.       |
| Articles of Conversion:  | \$25.00                               |                     |            |
| Fees for Florida Articles of Organization:                             | \$125.00                              |                     |            |
| Certified Copy:  | \$30.00 (Optional)                    |                     |            |
| Certificate of Status:   | \$5.00 (Optional)                     |                     |            |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |  |   |                               |                                       |
|--|--|---|-------------------------------|---------------------------------------|
| The name of the Limited Liability Company is   | :  |   |                               |                                       |
| BSX Enterprises LLC  |  |   |                               |                                       |
| (Must end with the words "Limited Liabi  | lity Company, "L.L.C.,"  | or "LLC.")  | <del></del>                   |                                       |
| ARTICLE II - Address:  |  |   |                               |                                       |
| The mailing address and street address of the p  | rincipal office of t   | ne Limited Liability  | Comp                          | any is:                               |
| Principal Office Address:  | Mailing Addre  | <u>ss:</u>  |                               |                                       |
| 2480 Blacksburg Way  | 2480 Blacksburg V  | Vay   |                               |                                       |
| The Villages, Florida  | The Villages, Flor   | ida   | _                             |                                       |
| 32162  | 32162  |   | _                             |                                       |
| (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the  | -  | -   | nounci                        |                                       |
| Elizabeth A. Nolan   |  |   |                               |                                       |
| Nam  | e  |   |                               |                                       |
| 2480 Blacksburg Way  |  |   |                               |                                       |
| Florida street address (P.C  | ). Box <u>NOT</u> accep  | table)  |                               |                                       |
| The Villages   | FL 32162   |   |                               |                                       |
| City   | Zip  |   |                               |                                       |
| Having been named as registered agent and to liability company at the place designated it registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of myposition as reaccept the Registered Agent's Sig | n this certificate, I is city. I further agree performance of my gistered agent as p nature (REQUIRE | hereby accept the apper to comply with the poly duties, and I am fame rovided for in Chapte | oointm<br>orovisi<br>uiliar w | ent as<br>ons of all<br>ith and       |
| Page 1 c   | of 2   |   | 53                            | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |

| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:  |
|---|--|
| "MGR" = Manager  MGA  | ELIZABETH A NOVAY<br>2480 BLACKSBURG WAY<br>THE VILLAGES, FL 32162   |
|   | 17 FEB   |
|   | <br><br>ယ္   |
|   |  |
|   |  |
| (Use attachment if necessary)  (E.V: Effective date if other than the   | e date of filing: (OPTIONAL  |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)   | e date of filing: (OPTIONAL  be specific and cannot be more than five business da  the applicable statutory filing requirements, this date will not be list s records. |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  the date inserted in this block does not meet affective date on the Department of State  | be specific and cannot be more than five business da<br>the applicable statutory filing requirements, this date will not be li-  |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  the date inserted in this block does not meet affective date on the Department of State  | be specific and cannot be more than five business da<br>the applicable statutory filing requirements, this date will not be li-  |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  the date inserted in this block does not meet is effective date on the Department of State.  | be specific and cannot be more than five business da<br>the applicable statutory filing requirements, this date will not be li-  |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  the date inserted in this block does not meet is effective date on the Department of State.  LE VI: Other provisions, if any.  Signature of a member of this document is executed in a lam aware that any false inform | be specific and cannot be more than five business da<br>the applicable statutory filing requirements, this date will not be li-  |

Page 2 of 2

ARTICLE IV-