# L17000048827

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

SUBJECT: BR/	AN 57	MoRITZ 2 ulting Florida Limited Com	LC
·	(Name of Res	ulting Florida Limited Com	ipany)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
CHUCK WE	FITZEZ CPA		
CHARLES U	(Contact Person)    UTZUL CP (Firm/Company)	<i>A</i>	
6810 FRU	(Address)		
Kay WEST	FZ 330 City, State and Zip Code)	40	
	e used for future annual rep		
	on concerning this mat		
CHULH WE.	1720 C ct Person)	at ( <u>305</u> ) 30 (Area Code) (Day	0 Y- Y217 time Telephone Number)
	or the following amou a bank located in the l		ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$1.55.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:

New Filing Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

32301

**New Filing Section** 

Clifton Building

Division of Corporations

2661 Executive Center

Circle Tallahassee, FL

TO: New Filing Section

Division of Corporations

## Articles of Conversion For "Other Business Entity" Into

ş.

## 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:  BRIAN ST. MORITE. IN C.
BRIAN ST. MORITC, IN E.  (P16- C49405)V (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> .
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FCORIDA
on Time 4 2016 (Enter state, or if a non-U.S. entity, the name 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 Organization
BRIAN ST. MORITE LLC  (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2/2/ for the effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been 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.

Signed this 27 day of Foshumy	20/7	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:<-> Printed Name: BRIAN ST. MORITC	Title: PROSIDONT / NOMBOR,	I PARTUR / MANAGA
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]	
Signature: Bin St. Muy Printed Name: BRIAN 57. MONITC	Title: PRUSDONT /MUMBOR,	I son monfusion
Signature:Printed Name:	_ Title:	
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 Officers or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		17 H SECH
Fees:		FIL MAR -3 CRETARY
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILEO -3 PM 12: 38 ARY OF STATE ASSEE, FLORIDA

· ;

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BRIAN	ST.	MORITZ	LLC		
	(Must contain th	e words "Limited Liability (	Company, "L.L.C.," o	or "LLC.")	
ARTICLE II - The mailing ad		eet address of the prii	ncipal office of	the Limited Liabil	ity Company is:

Principal Office Address:	<u>Mailing Address:</u>
3336 SE county Rd 760 ARCADIA FL 34266	3336 SE COUNTY Ad 760 ALCADIA PL 34266

ARTICLE III - Register ed Agent, Register ed Office, & Register ed Agent's Signatur e: (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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

CHARLUS	WOITZON	e PA
	Name	
6810 FROM	17 57	
Florida street addr	ess (P.O. Box N	OT acceptable)
KEY WEST	<b>_</b> FL	33040
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)

17 MAR -3 PM 12: 38
SEURE IANY OF STATE

<u>tle:</u>	Name and Address:
MBR" = Authorized Member	
IGR" = Manager	001011 011 1 117
76R	BRIAN ST MORITZ  3336 SE COUNTY Rd 760  MACADIA FL 34266
	3336 Se County Rd 760
	MACADIA FC 34266
	<del></del>
	·
V: Effective date, if other the ctive date is listed, the date is 90 calendar days after the d	
CV: Effective date, if other the ctive date is listed, the date is 90 calendar days after the date inserted in this block does not a	must be specific and cannot be more than five busing late of filing.)  neet the applicable statutory filing requirements, this date will not applicable statutory.
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**ARTICLE IV-**