117000070899

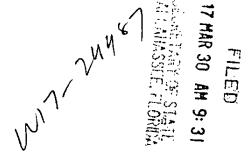
(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ess)	
(City/	State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
F.		

Office Use Only



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03/21/17--01015--027 **150.00



T. BURCH MAR 3 1 2017

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Horizon Holdings of Sarasota LLC	
(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.	.her
Please return all correspondence concerning this matter to:	
Ann Genet	
(Contact Person)	
(Firm/Company)	
4771 Amber Glen Ct	
(Address)	
Las Vegas NV 89147	
(City, State and Zip Code)	
nvparalegal@cox.net	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Ann Genetat ()_838-4995	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in U dollars and drawn on a bank located in the United States)	JS
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section	
Division of Corporations Division of Corporations Division of Corporations	
Clifton Building P. O. Box 6327 2661 Executive Center Tallahassee, FL 32314	

32301

Circle Tallahassee, FL



March 22, 2017

ANN GENET 4771 AMBER GLEN CT LAS VEGAS, NV 89147

SUBJECT: HORIZON HOLDINGS OF SARASOTA LLC

Ref. Number: W17000024487

We have received your document for HORIZON HOLDINGS OF SARASOTA LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 617A00005453

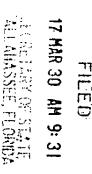
Articles of Conversion

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" immed Horizon Holdings LLC	liately prior to the filing of the Articles of Conversion is:
(Enter Name of Other B	Business Entity)
2. The "Other Business Entity" is a Limited Liability	
(Enter entity type.	Example: corporation, limited partnership, ship, common law or business trust, etc.)
First organized, formed or incorporated under the la	aws of ^{Nevada}
3/1/2012	(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 Comp	pany as set forth in the attached Articles of Organization:
Horizon Holdings of Sarasota LLC	
(Enter Name of Florida Limited	Liability Company)
4. If not effective on the date of filing, enter the eff	ective date:
(The effective date: 1) cannot be prior to date of after the date this document is filed by the Florio the effective date listed in the attached Articles of	f receipt or filed date nor more than 90 calendar days la Department of State; <u>AND</u> 2) must be the same as of Organization, if an effective date is listed therein.) icable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acc	ordance 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 3rd	day of March	20_17			
Signature of A	uthorized Representative of Limi	ted Liability Company:			
Signature of Au Printed Name: A	thorized Representative:nn Genet	Title: Organizer	_		
		See below for required signature(s)			
Signature:	Sent Tour Ann	Title: Manager			
Printed Name: C	OURTNEY ARON	Title: Manager	- -		
Signatura CITI	Leur Casciola	Title: Manager			
Printed Name: K	EVIN CASCIOLA	Title: Manager	- 1.4.1		
			·~~ /,	17.	
Signature: Printed Name:		_ Title:		MAR 30 AM	~~~
				30	FIL
Signature:		Title:	- E	**	.ED
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Signature:		Title:	<u> </u>	ယ	
Printed Name:		Title:	-		
Signature:					
Printed Name:		Title:	<i>-</i> -		
If Directors or O	oration: nirman, Vice Chairman, Director, or Officers have not been selected, an Inc ral Partnership or Limited Liabili	corporator must sign.			
	General Partner.	, - w			
	ted Partnership or Limited Liabilit _L General Partners.				
All others: Signature of an a	authorized person.				
<u>Fees:</u>					
Fees for Certified	of Conversion: Florida Articles of Organization: I Copy: tte of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Horizon Holdings of	Sarasota LLC		
(Mus	st contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad			
The mailing addres	ss and street address of th	e principal office of the Limited Liab	oility Company i
Principal Office A	Address:	Mailing Address:	
5020 CLARK RD #22	21	5020 CLARK RD #221	
SARASOTA, FL 342		SARASOTA, FL 34233	
			
			
(The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own R active Florida registration.) Florida street address of t	ered Office, & Registered Agent's Segistered Agent. You must designate an individu	ual or another
The Limited Liability Co business entity with an a	egistered Agent, Registe ompany cannot serve as its own R active Florida registration.) Florida street address of t AMANDA BURROW	ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	ual or another
(The Limited Liability Cobusiness entity with an a	egistered Agent, Registe ompany cannot serve as its own R active Florida registration.) Florida street address of t AMANDA BURROW	ered Office, & Registered Agent's Segistered Agent. You must designate an individu	ual or another
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(The Limited Liability Cobusiness entity with an a	egistered Agent, Registered Agent, Registered Agent, Registered ompany cannot serve as its own Reactive Florida registration.) Florida street address of total AMANDA BURROW N 4805 GREENLEAF ROAD	ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	ual or another
(The Limited Liability Cobusiness entity with an a	egistered Agent, Registered Agent, Registered Agent, Registered ompany cannot serve as its own Reactive Florida registration.) Florida street address of total AMANDA BURROW N 4805 GREENLEAF ROAD	ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	und or another 17 MAR 30 AN 9: ALLAMASSEE, FLOR

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)

Title:	Name and Address:
"AMBR" = Authorized Mem	ber
"MGR" = Manager	VEVIN CASCIOLA
MGR	KEVIN CASCIOLA 5020 CLARK RD #221
	SARASOTA, FL 34233
MGR	COURTNEY ARON
	5020 CLARK RD #221
	SARASOTA, FL 34233
	<u> </u>
ffective date is listed, the da	r than the date of filing: . (OPTION te must be specific and cannot be more than five business
CLE V: Effective date, if other offective date is listed, the date or 90 calendar days after the date inserted in this block does to effective date on the Department	r than the date of filing: . (OPTION ite must be specific and cannot be more than five business ne date of filing.) not meet the applicable statutory filing requirements, this date will not be of State's records.
CLE V: Effective date, if othe ffective date is listed, the date or 90 calendar days after the date inserted in this block does	r than the date of filing: (OPTION ate must be specific and cannot be more than five business the date of filing.) not meet the applicable statutory filing requirements, this date will not be a of State's records. ny.
CLE V: Effective date, if other of the effective date is listed, the date or 90 calendar days after the date inserted in this block doesn't's effective date on the Department CLE VI: Other provisions, if a	r than the date of filing:
CLE V: Effective date, if othe ffective date is listed, the date or 90 calendar days after the date inserted in this block does it's effective date on the Department CLE VI: Other provisions, if a REQUIRED SIGNATURE Signature of a This document is exect I am aware that any fa	r than the date of filing: . (OPTION ate must be specific and cannot be more than five business the date of filing.) not meet the applicable statutory filing requirements, this date will not be a of State's records. ny.
CLE V: Effective date, if othe ffective date is listed, the date or 90 calendar days after the date inserted in this block does it's effective date on the Department CLE VI: Other provisions, if a REQUIRED SIGNATURE Signature of a This document is exect I am aware that any fa	r than the date of filing:

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

ARTICLE IV-