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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2017

TRACEY DEVANE
THE FREAKIN TIMBER COMPANY
23132 SW NAUTILUS BLVD.
DUNELLON, FL 34431

SUBJECT: THE FREAKIN TIMBER COMPANY L.L.C

Ref. Number: W17000022521

We have received your document for THE FREAKIN TIMBER COMPANY-L.L.C. same and your check(s) totaling \$155.00. 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 617A00005047

l₁: 30

COVER LETTER

TO: **New Filing Section Division of Corporations** THE FREAKIN TIMBER COMPANY
(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. Please return all correspondence concerning this matter to: TRACEY DEVANE
(Contact Person) THE FREAKIN TIMBER COMPANY
(Firm/Company) 23132 SW Nautilus Blvd
(Address) Dunnellon, FL 34431 (City, State and Zip Code) the treakintimber company@gmail.Com
E-mail Address: (to be used for future annual report nonfications) For further information concerning this matter, please call: RACE DEVANE at (352) 422-74/2

(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 US dollars and drawn on a bank located in the United States) \$150.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees, and Certificate of (\$25 for Conversion and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: MAILING ADDRESS: **New Filing Section** New Filing Section **Division of Corporations** Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

32301

Clifton Building

2661 Executive Center

Circle Tallahassee, FL

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.

| les of Conversion is: |
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| _ |
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| e name of the country) |
| icles of Organization: |
| in 90 calendar days nust be the same as a is listed therein.) to will not be listed as the |
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| Signed this/ S+ day ofMARCH | 20_/7 |
|---|--|
| Signature of Authorized Representative of Limi | |
| Signature of Authorized Representative: | PHIC: PRESIDENT |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: hacy Devane Printed Name: TRHETY DEVANE | |
| Printed Name: TRHEEY DEVANE | Title: PRESIDENT |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

THE FREAKIN TIMBER COMPANY L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.)

| ARTICLE III - R | egistered Agent, Registered | Office, & | Registered Ag | |
|--|---|--|--|--|
| | ompany cannot serve as its own Registe active Florida registration.) | ried Agent, 10 | u musi designate ai | individual of another |
| The name and the | Florida street address of the re | egistered ag | gent are: | |
| | TRACEY DE Name | VANE | | |
| | Florida street address (P.O. | | | |
| | DUNNERLON | FL | 34431 | |
| | City | <u></u> | Zip | |
| liability comp registered agent statutes relatin | med as registered agent and to vany at the place designated in and agree to act in this capaci g to the proper and complete p digations of my position as reg | this certific ty. I furthe verformance | cate, I hereby a r agree t o comp c of my duties, c | ccept the appointment as bly with the provisions of all and I am familiar with and |

| <u>Title:</u> | Name and Address: | |
|---|--|----------------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | TO LATE A TIME | |
| AMBR | TRACEY DEVANE | + |
| | 23132 SW NAUTILUS BIVE | <u></u> |
| | DUNNELLON, FL 34431 | _ |
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| CLE V: Effective date, if other that effective date is listed, the date r to or 90 calendar days after the d If the date inserted in this block does not n | an the date of filing: . (OP nust be specific and cannot be more than five bus ate of filing.) neet the applicable statutory filing requirements, this date will in | C) FIONAL) siness da |
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| CLE V: Effective date, if other that effective date is listed, the date reto or 90 calendar days after the difference to the date inserted in this block does not need as effective date on the Department of Stack CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median aware that any false in constitutes a third degree for the constitutes a third degree for the constitutes at the constitutes | nust be specific and cannot be more than five bus ate of filing.) neet the applicable statutory filing requirements, this date will state's records. Local Devant nber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State | FIONAL) siness da |

ARTICLE IV-