L17000 104043

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W17-33266

D O'KEEFF APR 18 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2017

CARRI BARR CAROLINA COMPANY USA LLC PO BOX 6160 JENSEN BEACH, FL 34957

SUBJECT: CAROLINA COMPANY USA LLC

Ref. Number: W17000033266

We have received your document for CAROLINA COMPANY USA 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):

Page 2 of the Articles of Conversion is missing a signature. Please sign the checked section.

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: 617A00007519

1:-

COVER LETTER

TO: New Filing Section Division of Corporations	^		
subject: Carolina	OMPANY alting Florida Limited Com	USA (Dany)	uc
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia			
Please return all correspondence concerning	this matter to:		
E-mail Address: (to be used for future annual rep For further information concerning this matt	34957 PanyLLC, Contractifications) ter, please call:		
(Name of Contact Person)	at (40) 48 (Area Code) (Dayt		<u>1</u>
Enclosed is a check for the following amour dollars and drawn on a bank located in the U	nt: (All checks processe	·	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \$155.00 \text{ Filing Fees} \\ \text{and Certificate of} \\ \text{Status} \end{align*} \$\$ Status	\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing For Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL	MAILING A New Filing So Division of Co P. O. Box 632 Tallahassee, F	ection orporations 7	•

32301

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.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the	e filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC	······································
(Enter-entity type. Example: corporati general partnership, common law o	
First organized, formed or incorporated under the laws of <u>Texter</u> on 0.12 13, 2014 (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 i Carolina Company USA (Enter Name of Florida Limited Liability Company)	n the attached Articles of Organization:
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 after the date this document is filed by the Florida Department of the effective date listed in the attached Articles of Organization, Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	of State; AND 2) must be the same as if an effective date is listed therein.)
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 men which such members are entitled under ss. 605.1006 and 605.1061-6	
	17 HAY II

11 000	<i>a</i>	
Signed this 4 day of 4 pril	20_1/	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative:	Band	
Printed Name: Carri Barr	Title: Bole Member	
Signature(s) on behalf of Other Business Entity:		
Signature: Wri Buri Printed Name: Carri Barr		X
Printed Name: Carri Barr	Title: Sole Owner	_ / \
G. 4		
Signature:Printed Name:	Title	-
Timed Name.		-
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	_
Signature:	T'41	_
Printed Name:	_ 11tie:	-
Signature:		
Printed Name:	Title:	_
ICE) - 11- Comment of		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer	
If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit	y Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	
Signatures of ALL General Partners.	· · · · · · · · · · · · · · · · · · ·	
All othorus		
All others: Signature of an authorized person.		
Fees:		
Autialan of Community	£25.00	3,4
Articles of Conversion:	\$25.00	4

\$125.00

\$30:00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

3250 NE Candice AVE #2 F Jensen Beach, Fl 34957	DO BOX 6160
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentius business entity with an active Florida registration.)	ce, & Registered Agent's Signature: gent. You must designate an individual or another
The name and the Florida street address of the register Carry Barry Name	ered agent are:
10851 S. Ocan Florida street address (P.O. Box	
Jenson Bluch F City Having been named as registered agent and to acce	FL 34957 Zip ent service of process for the above stated limited
liability company at the place designated in this c registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered	certificate, I hereby accept the appointment as further agree to comply with the provisions of al rmance of my duties, and I am familiar with and
Registered Agent's Signature	(REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Sole Member	Carri Barr
	7
	The state of the s
effective date is listed, the date must	ne date of filing: . (OPTIONA the specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date	ne date of filing: t be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date of the date inserted in this block does not meet the ent's effective date on the Department of State's	ne date of filing: t be specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date of the date inserted in this block does not meet the ent's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in and I am aware that any false inform constitutes a third degree felony.	the specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be lists records. To an authorized representative of a member. eccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date of the date inserted in this block does not meet the ent's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in and I am aware that any false inform constitutes a third degree felony.	the specific and cannot be more than five business of filing.) the applicable statutory filing requirements, this date will not be lists records. To ran authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State

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

ARTICLE IV-