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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_· Certificates	of Status
Special Instructions to	Filing Officer:	
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James A. Scott Jr. Attorney at Law

687 Beville Road Suite A South Daytona, FL 32119-1951

Ph: (386) 763-2092 Fax: (386) 763-5823 jscott@boginmunns.com

June 19, 2017

Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Team Judd, LLC

Dear Sir or Madam:

Enclosed please find Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company along with Articles of Organization for the Florida entity. Also enclosed is our firm check in the amount of \$150.00.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James A. Scott, Jr.

James A. Scott, Jr. KT

JAS/kt Enclosures

cc:

Team Judd, LLC

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 limited liability company	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or inco	rporated under the laws of Michigan	
September 27, 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 Lir	nited Liability Company as set forth in the attached Articles of Organization	on:
Team Judd, LLC		
(Enter N	lame of Florida Limited Liability Company)	
	1-40.500	
 If not effective on the date of 	of filing, enter the effective date:	
(The effective date: 1) canno	of filing, enter the effective date: date of filing t be prior to date of receipt or filed date nor more than 90 calendar days s filed by the Florida Department of States AND 2) must be the same as	
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Signed this 12m day of June	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Linda Judd	Tide: Menaging Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: And J. J. d.	
Printed Name: Linda Judd U U	Title: Managing Member
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	The state of the s
Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or a If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Team Judd, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1127 Meditation Loop	1127 Meditation Loop
Port Orange Florida 32129	Port Orange Florida 32129
The name and the Florida street address of John Judd N	the registered agent are: Name
1127 Meditation Loop	
	(P.O. Box <u>NOT</u> acceptable)
Port Orange 32129	FL 32129
City	Zip
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Linda Judd
	1127 Meditation Loop
	Port Orange, Florida 32129
	
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or to or 90 calendar days after the ding of the date inserted in this block does not ment's effective date on the Department of STICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as t
ida law.	many of with otherwise dissolved by a recition in accordance with
uu turr.	
REQUIRED SIGNATURE:	
This document is executed I am aware that any false in	mber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
This document is executed I am aware that any false in	I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)