# 117000168290

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	curnent Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000301493630

07/21/17--01018--028 \*\*91.50

08/08/17--01023--016 \*\*52.50

17 AUS -7 AM IO: 25

AUG 0 8 2017 T SCHROEDER

## COVER LETTER

. 🕊

Division of O				
SURTECT: WILLA	WAY CATTLE AND SOL	LLC		
SOBJECT.	(Name of Re	sulting Florida Limit	ed Cor	mpany)
		•		nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:		
TREVOR K. BREWER				
	(Contact Person)			
BREWERLONG PLLC	•			
	(Firm/Company)	<del></del> -		
620 N. WYMORE RD.	. SUITE 270			
	(Address)			
MAITLAND, FL 3275	ı			
	(City, State and Zip Code)			
TBREWER@BREWE	RLONG.COM			
E-mail Address: (to	be used for future annual re	eport notifications)		
For further informat	ion concerning this ma	itter, please call:		
TREVOR K. BREWER		_at ( 407	660-3	2964
(Name of Cont	act Person)	(Area Code)	(Day	ytime Telephone Number)
	for the following amount a bank located in the		roces	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS New Filing Section Division of Corpora Clifton Building	tions	New Fi Divisio P. O. B	ling S n of C ox 63	Corporations 327
2661 Executive Cen	ter Circie	LaHaha	ssee,	FL 32314

Tallahassee, FL 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.

	of the "Other Business I ATTLE AND SOD LIMITE		by prior to the filing of $\Theta = VV$		of Conversion	on is:
***************************************		Name of Other Busine		·		
2. The "Other	Business Entity" is a _ inter entity type. Example:	LIMITED PARTNERS	SHIP			
				ership, common l	law or business	trust, etc.)
First organized	d, formed or incorporate	ed under the laws o	of <u>Corida</u>			
		•	of (Enter state, or if a non-U	J.S. entity, the na	ime of the coun	try)
AUGUST 14						
(date of orga	nization, formation or incor	poration)				
3. The name of	of the Florida Limited L	Liability Company	as set forth in the att	tached Article	es of Organi	zation:
WILLAWAY C	ATTLE AND SOD LLC					
	(Enter Name of	Florida Limited Liabi	lity Company)	·		
4. If not effec	tive on the date of filing	g, enter the effective	re date:			
(The effective after the date effective date Note: If the date	this document is filed listed in the attached inserted in this block does retive date on the Department	rior to date of recoll by the Florida D Articles of Organ not meet the applicable	eipt or filed date no epartment of State; ization, if an effecti	or more than 9 ; <u>AND</u> 2) mus ive date is list	t be the sam ed therein.)	e as the
5. The plan of	conversion has been ap	pproved in accorda	nce with all applicab	ole statutes.		
	rted or Other Business E members are entitled un				rights the am	iount to
					17 AUG = 7	

Signed this 04 day of August	2017
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:  Printed Name: John W. Holcomb, Jr.	Holcomb Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
John W Holcomb Signature:	
	Title: Manager, J&K Holcomb Holdings
Kimberly Holcomb	L.L.C., General Partner
Signature: Printed Name: Kimberly Holcomb	Title: Manager, J&K Holcomb Holdings
·	L.L.C., General Partner
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 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 Liability 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)

. •

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
WILLAWAY CATTLE AND SOD LLC				
(Must contain the words "Limited Li	ability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	ne principal off	ice of the Limit	ed Liability Company is:	
Principal Office Address:	Mailing	Address:		
6767 NW 288TH STREET	6767 NW	288TH STREET		
OKEECHOBEE, FL 34972	OKEECI	IOBEE, FL 34972		
The name and the Florida street address of JOHN W. HOLCOMB, JR	the registered a	ngent are:		
	iame			
6767 288TH STREET				
Florida street address (	P.O. Box <b>NO</b>	$\Gamma$ acceptable)		
океесновее	F <u>L</u>	34972		
City		Zip		
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl accept the obligations of my position a	ed in this certif, apacity. I furth lete performanc	icate. I hereby a er agree to com e of my duties, a	ccept the appointment as ply with the provisions of cand I am familiar with and	ıll
John W Holcomb				
Registered Agent's	Signature (RE	QUIRED)	-	
(CON	TINUED)		17 AUS -7 AU 18 AUS -7 AU	
			M10:26	

### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	TOTAL WELLOW COMP. IN	
MGR	JOHN W. HOLCOMB, JR	_
	6767 NW 288TH STREET OKEECHOBEE, FL 34972	-
	OKEECHOBEE, FL 34972	-
MGR	KIMBERLY HOLCOMB	
	6767 NW 288TH STREET	_
	OKEECHOBEE, Ft. 34972	-
		-
	<del></del>	-
		-
		_
		_
		_
(Use attachment if necessary)  CLE V: Effective date, if other than th	ne date of filing: (OPTIC	)NAL)
CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet make effective date on the Department of States	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet make effective date on the Department of States	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet make effective date on the Department of States	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet out's effective date on the Department of State	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet make effective date on the Department of States	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet out's effective date on the Department of State CLE VI: Other provisions, if any.	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  If the date inserted in this block does not meet ont's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  John W Holcomb	t the applicable statutory filing requirements, this date will note's records.	of be fish
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) If the date inserted in this block does not meet out's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  John W Holcomb  Signature of a member of the document is executed in a lam aware that any false information.	t be specific and cannot be more than five busine t the applicable statutory filing requirements, this date will no	of be fish
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  If the date inserted in this block does not meet nu's effective date on the Department of State  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  John W Holcomb  Signature of a member of the document is executed in a lam aware that any false information.	t the applicable statutory filing requirements, this date will note's records.  Fig.  er or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statujes: mation submitted in a document to the Department of State by as provided for in s.817.155. F.S.	of be fish  17 (90) = 7 (AH 10) 2

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)