11000113883

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

7.

TO:	FO: New Filing Section Division of Corporations				
CHDI	ECT: Change to	•			
SOBJ	ECI:	(Name of Res	ulting Florida Lim	ited Com	ipany)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Sharon	Ardrey				
		(Contact Person)		_	
Naples	Errand Runners, I	.LC			
		(Firn/Company)			
1507 V	/intage Lane				
		(Address)	_ -	_	
Naples	FL 34014				
	((City, State and Zip Code)		_	
barry@	napleserrandrunne	ers.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	irther information	on concerning this ma	tter, please call:		
Sharon	ı Ardrey		at (239	\253-1	899
	(Name of Conta	ct Person)	(Area Code	:) (Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles unization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto 2661	EET ADDRESS Filing Section ion of Corporati n Building Executive Cente Tallahassee, F	ons	New I Divisi P. O. 1	Filing Son of C Box 632	forporations

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Haples Errand Runners Trace 73-44056 (Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir on	st organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
OII	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Na	ples Errand Runners, LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date: Date of Filing
(T aft the <u>No</u>	If not effective on the date of filing, enter the effective date: Date of Filing, he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days her the date this document is filed by the Florida Department of State; AND 2) must be the same as a effective date listed in the attached Articles of Organization, if an effective date is listed therein.) he: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the functive date on the Department of State's records.
(T aft the No doc	he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days er the date this document is filed by the Florida Department of State; AND 2) must be the same as effective date listed in the attached Articles of Organization, if an effective date is listed therein.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
(Taft the No doc	the effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days er the date this document is filed by the Florida Department of State; AND 2) must be the same as effective date listed in the attached Articles of Organization, if an effective date is listed therein.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.

Signed this 07 day of August	2017	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: 1300 Printed Name: Barry Ardrey	Title: President	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: Sharon Ardrey	Title: Vice President	
Signature:Printed Name:	Title:	-
Signature: Printed Name:		
Signature:Printed Name:	_ Title:	- -
Signature:Printed Name:	_ Title:	- -
Signature:Printed Name:	Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner.	corporator must sign.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)	6 My 11 SMY 11 GED
		D 9: 0.3 Fortion

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Name: Limited Liability	Company is	:	
	•			
Naples Errand Rum	ners, LLC			
(;	Must contain the words	"Limited Liabilit	y Company, "L.L.C.," or "LL	.C.")
ARTICLE II	Addrose:			
		dress of the p	rincipal office of the L	Limited Liability Company is:
_		•	•	, , ,
Principal Office	e Address:		Mailing Address:	
1507 Vintage Lane			1507 Vintage Lane	
Naples, FL 34104			Naples, FL 34104	
(The Limited Liability business entity with	y Company cannot serve an active Florida registr	e as its own Regis ration.)	stered Agent. You must design	ed Agent's Signature: nate an individual or another
The name and th	ne Florida street ac	ddress of the	registered agent are:	
	Barry Ardrey			
		Nam	e	
	150511			
	Florida street). Box NOT acceptabl	(a)
	i fortda street	r address (1 .c	o. Box <u>NOT</u> acceptabl	ς,
	Naples		FL 34104	
		City	Zip	
- Havina baan i	~	ed agent and i e designated i		ocess for the above stated limited

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager $\frac{A_1 M_1 M_2}{A_2 M_1 M_2}$	Shown Ardry Solds 1507 V. Mage LA Duplies, Fl 34104		
	2-		
	17 AUS		
			
(Use attachment if necessary)			
orior to or 90 calendar days after the date o	ne applicable statutory filing requirements, this date will not be listed as the		
This document is executed in acc	yor an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State		
Barry Ardrey			
Typ			
-21	ed or printed name of signee		
	Filing Fees Organization and Designation of Registered Agent		

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

ARTICLE IV-

Company: