LI 7000 248557

(Requestor's Name)
5925 FALL RIVER DRIVE
(Address)
RIVER CROSSING
(Address)
NEW PORT RICHEY 34655 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Secretary of the Office
Special Instructions to Filing Officer:
06
Office Lice Only



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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: FISHKO LLC
(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.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
0n 11/23/2016
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FISHKO LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072. F.S.

Signed this	5TH	_ day of <u>DECEMBER</u>	20 <u>_17</u>	
Signature o	of Author	ized Representative of Limi	ted Liability Company:	
Signature of Printed Nam	f Authoriz ne: <u>LESTEF</u>	zed Representative: R CRAM	Title: DR	-
		/ / >	See below for required signature(s)	,
Signature: _ Printed Nam	سر ne: <u>LESTE</u> I	R CRAM	Title: DR	- -
			Title:	
Signature: _ Printed Nam	ne:		Title:	. -
Signature: _ Printed Nam	ne:		Title:	- -
Signature: _ Printed Nam	ne:		Title:	- -
Signature: _ Printed Nam	ne:		Title:	_
	f Chairma	on: n, Vice Chairman, Director, or is have not been selected, an In		
If Florida C Signature of		artnership or Limited Liabil eral Partner.	ity Partnership:	
		artnership or Limited Liabili eneral Partners.	ty Limited Partnership:	
All others: Signature of	f an autho	rized person.		2017
Fees:				等。 第二章
Fee: Cer		· *	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	S ABU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
FISHKO LLC (Must contain the words "Limited Liab	hility Company "	11.0"0:"10")	
(Must contain the words - Limited Class	othry Company,	L.L.C., OF ELC.)	
ARTICLE II - Address: The mailing address and street address of the	e principal of	fice of the Limite	ed Liability Company is:
Principal Office Address:	Mailing	Address:	
5925 FALL RIVER DRIVE	700 N V	alley St, Suite B PM	B 97683
NEW PORT RICHEY, FLORIDA	ANAHE	IM, CA	
34655	92801	_ 	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. \	ou must designate an	gent's Signature: individual or another
Barnet Shenkin	Ū		
	ame		
1903 South Ocean Dri		;	
Florida street address (P	·		
r fortua street address (1	.O. DOX <u>110</u>		
Hallandale Beach	FL	33009	
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d in this certif pacity. I furth te performan	icate, I hereby ac er agree to comp ce of my duties, a	ccept the appointment as ply with the provisions of al and I am familiar with and
/s/ Barnet Shenkin			
Registered Agent's S	Signature (RE	QUIRED)	
(CONT	'INUED)		MIT DEC -5 THEN
			*

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG P	LESTER CRAM 5925 FAU RIVER DRIVE NEW PORT RIGHT
	
(Use attachment if necessary)	22
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
LESTER	
Ty	ped or printed name of signee 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)