# L17000257429

| (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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17 DEC 18 AM 10: 36

T. BURCH DEC 1 9 2017

## **COVER LETTER**

| <b>TO:</b> New Filing Se Division of Co  | rmorations  | 1. (  |   |
|--|---|---|---|
| SUBJECT:   | Sophia  | a Krolty                                    | LLC   |
|  | (Name of Res  | ulting Florida Limited Co                   | ompany)   |
|  |   | <del></del>                                 | and fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all corre  | spondence concerning                                  | g this matter to:                           |   |
| VINCE.   | Contact Person) REALLY                                | A costa                                     | ndaloro   |
| Suphia   | (Firm/Company)  | 10  |   |
|  | (Address)   | <u> </u>                                    |   |
|  | ity, State and Zip Code)                              | <del></del>                                 |   |
|  | used for future annual rep                            | ·   |   |
| For further informatio   | n concerning this mat                                 | ter, please call:                           |   |
| Vivilent<br>(Name of Contact   | AND JOYP  | at ( <u>3 (U(</u> )) (D                     | aytime Telephone Number)  |
| Enclosed is a check for dollars and drawn on a   | _   | -   | ssed by this office must be payable in US                                     |
| ☐ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180,00 Filing Fees<br>and Certified Copy | Certified Copy, and<br>Certificate of Status                                  |
| STREET ADDRESS   | :   |   | ADDRESS:  |
| New Filing Section Division of Corporation   | ane   | New Filing                                  | Section<br>Corporations   |
| Clifton Building   | ж   | P. O. Box 6                                 | •   |
| 2661 Executive Cente   | r Circle  | Tallahassee                                 |   |

Tallahassee, FL 32301

## **Articles of Conversion**

hor

# "Other Business Entity"

Into

## Florida Limited Liability Company

FILED

17 DEC 18 AH ID: 36

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:  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a   |
| First organized, formed or incorporated under the laws of   |
| on April 2) 2003 (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  (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.)  Note: 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 10 day of DECE MATE  | 20   |
|--|--|
| Signature of Authorized Representative of Limi   | ted Liability Company:   |
| Signature of Authorized Representative: Printed Name: VINCENT AND 1000   | Title: PRESIDENT   |
| Signature(s) on behalf of Other Business Entity:   | See below for required signature(s)                            |
| Signature: VINCENT ANDAJOPO  | Title: PRESCOTAT   |
| Signature:Printed Name:  | Title  |
|  |  |
| Signature: Printed Name:   | Title:   |
| Signature:   |  |
| Signature: Printed Name:   | Title:   |
| Signature:   |  |
| 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 Liability Signature of one General Partner. | corporator must sign.  |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.   | y Limited Partnership:   |
| All others: Signature of an authorized person.   |  |
| Fees:  |  |
| Articles of Conversion:<br>Fees for Florida Articles of Organization:<br>Certified Copy:<br>Certificate of Status:   | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |      |      |    |     |  |
|---|------|------|----|-----|--|
| 50:   | phia | REAL | Ly | LLC |  |

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

#### ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address:                                    |
|---------------------------|---|
| HO248 CUHERS ET 33908     | 16970 SAN GROS BIND \$160-3211<br>FT MYERS FL 33908 |
|                           |   |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Name

Name

Name

Name

Name

Not College Ct

Florida street address (P.O. Box NOT acceptable)

Ft MyFRJ FL 33908

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| ١. | IJ. | ш | CI | - F | $IV_{-}$ |
|----|-----|---|----|-----|----------|

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

| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:  |  |  |
|---|--|--|--|
| "MGR" = Manager   |  |  |  |
| PRESIDE / MER   | UINCENT FOUNDAINED  16248 CULTERS CT  FT MYERD FL 33908  |  |  |
|   | 17 DEC 18 AH   |  |  |
| (Use attachment if necessary)   |  |  |  |
| XTICLE V: Other provisions, if any.   |  |  |  |
| REQUIRED SIGNATURE:   |  |  |  |
| This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S./ | an authorized representative of a member with cetion 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony |  |  |
| - VINCE V   | rped or printed name of signee   |  |  |
| •   | Filing Foot  |  |  |

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