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PICK-UP WAIT MAIL
(During English Norma)
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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SUBJECT: BIG BEND FUTURES LLC. (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Anthony Locke (Contact Person) BIG BEND FUTURES LLC. (Firm/Company)
3471 Whippoorwill Dr (Address)
Tallahassee FL 32310 (City, State and Zip Code)
E-mail Address: to be used for future annual report notifications)
For further information concerning this matter, please call:
Anthony Locke at (801) 831-2545 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles & Status ☐ \$180.00 Filing Fees and Certified Copy & Certified

STREET ADDRESS:

of Organization)

TO: New Filing Section

Division of Corporations

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 Conver Lockeland Insurance Group	sion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business)	ss trust, etc.)
First organized, formed or incorporated under the laws of U+wh (Enter state, or if a non-U.S. entity, the name of the co	untry)
on <u>Tanuary 1, 2016</u> (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Orga	nization:
BTG BEND FUTURES LLC. (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: <u>January 19, 2018</u> (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar date 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 list 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 a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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BIG BEND FUTURES LLC (Must contain the words "Limited Liability	Company, "L.1,.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3471 Whippcouvill Dr Tallahdsser FL 32310	3471 Whippoorwill Dr Tallahasse FL 32310
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Anthony Loc	te
3471 Whippo Florida street address (P.O.	O(W.]] OC Box NOT acceptable)
Tallehassee	F1. 32310 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	iture (REQUIRED)

(CONTINUED)

Signed this 19 day of January	20 <u></u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: ANHMONY LOCKE	Tille: <u>Owner/manager</u>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
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 Liabili Signatures of ALL 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerM & R	Anthony Locke
	3471 Whippoorwill Dr Tallaharsee FL 32310
AMBR	Melanie Locke
	3471 Whippoorwill Dr Tallahassee FL 32310
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony Locke
Typed 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)