17800081776

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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- 02/16/18--01021--007 - **155.00

COVER LETTER

TO: New Filing Section Division of Corporations		•	¥
SUBJECT: USA SNAKE LLC			
	sulting Florida Limite	ed Company)	
The enclosed Articles of Conversion, Articles usiness Entity" into a "Florida Limited L			
Please return all correspondence concerning	ng this matter to:		
PORTER, STACEY M. JR			
(Contact Person)			
USA SNAKE LLC			0
(Firm/Company)			
5600 NORTH OCEAN DRIVE APT. #1			
(Address)			
HOLLYWOOD, FL 33019			
(City, State and Zip Code)			
geservicesconsultant@gmail.com			
E-mail Address: (to be used for future annual r	eport notifications)		
For further information concerning this ma	atter, please call:		,
954-483-4290	at (954	483-4290	
(Name of Contact Person)		(Daytime T	elephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		rocessed by	this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	and Certified Copy	y Certi	85.00 Filing Fees, fied Copy, and ficate of Status
STREET ADDRESS:	MAILI	NG ADDR	RESS:
New Filing Section	New Fil	ling Section	n
Division of Corporations		n of Corpor	ations
Clifton Building		ox 6327	
2661 Executive Center Circle	Tallahas	ssee, FL 32	2814

INHS11 (7/17)

Tallahassee, FL 32301



February 21, 2018

STACEY M. PORTER JR 5600 N OCEAN DR APT 1 HOLLYWOOD, FL 33019

SUBJECT: USA SNAKE LLC Ref. Number: W18000017334

We have received your document for USA SNAKE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 918A00003564

RECEIVED

2018 HAR 12 PH 2: LL

SUPPLY OF CONTROLS

SUPPLY OF CONTROLS

www.sunbiz.org

Articles of Conversion For

"Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are 'Other Business Entity" into a Florida Limited Liability Company Statutes.	
 The name of the "Other Business Entity" immediately prior to the fil USA SNAKE INC 	ing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(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)
12/26/2017 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in th	e attached Articles of Organization:
USA SNAKE LLC	1
(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 in 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 reddocument's effective date on the Department of State's records.	or more than 90 calendar days after
5. The plan of conversion has been approved in accordance with all app	licable statutes.
 The "Converted or Other Business Entity" has agreed to pay any member which such members are entitled under ss. 605.1006 and 605.1061-605. 	

Signed this 13 day of Febuary	20_18	
Signature of Authorized Representative of Limit	ited Liability Comp) pahy:
Signature of Authorized Representative: Printed Name: PORTER, STACEY M, JR		
Signature(s) on behalf of Other Business Entity:	See below for requi	 red signature(s)
Signature		
Signature: Printed Name: Stacey Porter	Title: Wice	President
Signature:		
Printed Name:	Title:	<u> </u>
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature		
Signature:Printed Name:	Title:	
Cinnatana.		
Signature:Printed Name:	Title:	
	_	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In		.
If Florida General Partnership or Limited Liabili	ty Partnerchin	
Signature of one General Partner.	ty Turtuci 3mip.	
If Florida Limited Partnership or Limited Liabili Signatures of Al.L. General Partners.	ty Limited Partners	hip:
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is:

USA SNAKE LLC

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

ARTICLE II - Address:

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

5600 NORTH OCEAN DRIVE APT. #1	5600 NORTH OCEAN DRIVE APT. #1
HOLLYWOOD, FL 33019	HOLLYWOOD, FL 33019

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:

PORTER, STACEY M. JR		
Nan	ne	
5600 NORTH OCEAN DRIVE	E APT. #1	
Florida street address (P.	O. Box <u>NOT</u> acc	eptable)
Hollywood	FL 33019	
City	2	ip

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)

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Manager MGR	PORTER, STACEY M. JR
	5600 NORTH OCEAN DRIVE APT #1
	HOLLYWOOD, Ftl 33019
	
Use attachment if necessary)	
.E.V: Other provisions, if any.	
0	
REQUIRED SIGNATURE:	
5/V	
Signature of a member or	m authorized representative of a member
this document is executed in accordance	With section 605 0203 (1) (b) Florida Como
as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree fe
PORTER, STACEY M, JR	
AND LIN, STACET MI, IK	ped or printed name of signee

ARTICLE IV-