11800133960

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to F	Filing Officer:	

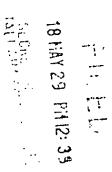
Office Use Only

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COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: 8666, L	LC				
	(Name of Res	ulting Florida Limite	I Company	y)	_
	s of Conversion, Articl a "Florida Limited Li				
Please return all corre	espondence concerning	g this matter to:			
DENNIS THOMAS					18 MAY 29 PH 12: 39
	(Contact Person)				A 20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8666, LLC					· 表 2 · ·
	(Firm/Company)				
8200 - 113TH STREET.	SUITE 104				P
·	(Address)				12
SEMINOLE, FL 33772					. (3
	City, State and Zip Code)				•
DENNIS@CPAPARTNI					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
DENNIS THOMAS		_at (398-2080		
(Name of Conta	ct Person)	(Area Code)	(Daytime	Telephone Number)	_
	or the following amou a bank located in the	•	ocessed l	by this office must	be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy	Ce	\$185.00 Filing Fees, ertified Copy, and ertificate of Status	
STREET ADDRESS	S:		NG ADD		
New Filing Section	•		ing Section		
Division of Corporat Clifton Building	ions	Divisioi P. O. Be	of Corp v 6327	orations	
2661 Executive Cent	er Circle		see. FL	32314	

Tallahassee, FL 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.

	8666. INC VO 336 \
	(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.)
Fir	rst organized, formed or incorporated under the laws of
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:
866	66. LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(T) the <u>No</u>	
(T) the Not doc	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 23RD day of MAY	_20 <u>18</u>	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative:	Title: MANAGER	
Signature(s) on behalf of Other Business Entity: [3]	- · · · · · · · · · · · · · · · · · · ·	
Signature: Verniv Thomas		
Printed Name: DENNIS THOMAS	Title: PRESIDENT	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tielas	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	_ Title;	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	orporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.		
All others: Signature of an authorized person.		18 ha
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)	PH12: 33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	limited Liability Company	18:
8666, LLC		
(M	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:	
The mailing addre	ss and street address of the	e principal office of the Limited Liability Company is:
Principal Office a	Address:	Mailing Address:
8200 - 113TH STREI	ЕТ	
SUITE 104	<u> </u>	
SEMINOLE, FL 337	72	
	active Florida registration.)	egistered Agent. You must designate an individual or another
•	Florida street address of the	he registered agent are:
•	_	he registered agent are:
•	Florida street address of the	he registered agent are:
•	Florida street address of the	ame
•	Florida street address of the SCHUETT LAW GROUP No. 8200 - 113TH STREET, SUI	ame
•	Florida street address of the SCHUETT LAW GROUP No. 8200 - 113TH STREET, SUI	ame ITE 101

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>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR — Wanager	DENDAR ENTERPRISES, LLC
	8200 - 113TH STREET, SUITE 104
	SEMINOLE, FL 33772
	22
	
	•
	•

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

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.

DENNIS THOMAS, AUTHORIZED REPRESENTATIVE

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)