116000136895

(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:
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COVER LETTER

TO: New Filing S Division of G				
SUBJECT: McGuire	: Group Enterprises			
	(Name of Re	sulting Florida Limited Co	mpany)	
		•	nd fees are submitted to convert an "Otl accordance with s. 605.1045, F.S.	ier
Please return all cor	respondence concernin	g this matter to:		
Michael McGuire				
	(Contact Person)			
	(Firm/Company)		# SE	
9396 Pouder Lane			題具	177 سينه
	(Address)		<u> </u>	
Navarre, FL 32566				•
	City, State and Zip Code)			<u> </u>
mr.michael.mcguire@g	mail.com			כ
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
Michael McGuire		_at (325) ²⁶⁰⁻	7809	
(Name of Cont	act Person)	(Area Code) (Da	7809 ytime Telephone Number)	
	for the following amou a bank located in the		sed by this office must be payable in U	S
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	MAILING A New Filing S Division of O P. O. Box 63 Tallahassee,	Section Corporations 127	

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: McGuire Homes, 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)
(Enter state, or if a non-U.S, entity, the name of the country)
5/28/2015 on
(date of organization, formation or incorporation)
B. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: McGuire Group Enterprises 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument'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 24	day of <u>May</u>	20_18			
Signature of Authorize	ed Representative of Limit	ted Liability Company:			
Signature of Authorized Printed Name: Michael Me	1 Representative: Mu	Title: Officer			
Signature(s) on behalf o	of Other Business Entity:	See below for required signature(s)			
Signature: Printed Name: Kameko M	yGuire	Title: Officer			
Signature:Printed Name:		_Title:			
Signature:Printed Name:		_ Title:			
Signature:Printed Name:		Title:			
Signature:Printed Name:		_ Title:			
Signature:Printed Name:		_ Title:			
	E Vice Chairman, Director, or C lave not been selected, an Inc				
If Florida General Part Signature of one General	nership or Limited Liabilit Partner.	y Partnership:			
If Florida Limited Part Signatures of ALL Gene	nership or Limited Liabilit ral Partners.	v Limited Partnership:	₹£1		
All others: Signature of an authorize	ed person.		SECRETARION ALL APPLIES	18 MAY 31	
Articles of Conv Fees for Florida Certified Copy: Certificate of Sta	Articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		PH 12: 40	. —

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	vis:
McGuire Group Enterprises LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9396 Pouder Lane	9396 Pouder Lane
Navarre, FL	Navarre, FL
32566	32566
The name and the Florida street address of t	he registered agent are:
	ame
9396 Pouder Lane	dire
	P.O. Box <u>NOT</u> acceptable)
Navarre	FL 32566
City	Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	ind to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all etc performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Kameko McGuire
	Navarre, FL
	32566
	- F
(Use attachment if necessary)	
LE V: Other provisions, if any,	
REQUIRED SIGNATURE:	
no	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awiment to the Department of State constitutes a third degre
Michael McGuire	
	ped or printed name of signee
Ту	Filing Fees

. ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability