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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

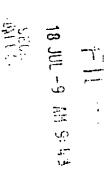
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W18-65104



COVER LETTER

TO: New Filing Section Division of Corpora		
SUBJECT: TH	E AUGUST SOCIETY LLC (Name of Resulting Florida Limited Company)	
	onversion, Articles of Organization, and fees are submitted to convert an "Other orida Limited Liability Company" in accordance with s. 605.1045, F.S.	
Please return all correspond	dence concerning this matter to:	
FORT MYERS	The state of the s	
For further information cor	neerning this matter, please call:	
Name of Contact Pers		
	following amount: (All checks processed by this office must be payable in US k located in the United States)	\$ = "
		-9 計 9
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS:	ATT Co

Tallahassee, FL 32314

INHS11 (7.17)

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: THE AUGUST SOCIETY LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited LiaBlury Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of NEW JERSEY (Enter state, or if a non-U.S. entity, the name of the country)	
on 2/12/08 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: THE AUGUST SOCIETY LLC (Enter Name of Florida Limited Liability Company)	18 JUL
4. If not effective on the date of filing, enter the effective date:	-9 ÅH
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.	3: L
5. The plan of conversion has been approved in accordance with all applicable statutes.	توب

Signed this 6 day of July	20, 18
Signature of Authorized Representative of Lim	ind Liability Company:
Signature of Authorized Representative	OWNER / AMBR
Signature(s) on behalf of Other Business Entity:	(See below for respired signature(s))
Signature JASON 6Ay	OWNER / AMBR
Signature	
Signature Printed Name	Intle
Signature	Table
SignaturePrinted Name	fule
Signature Printed Name	I ale
If Florida Corporation: Signature of Chairman Vice Chairman, Director, or If Directors of Officers have not been selected, an Ir	
<u> It Florida General Partnership or Limited Liabil</u> Signature of one General Partner	its Partnership:
<u>If Florida Limited Partnership or Limited Liabil</u> Signatures of <u>ALL</u> General Partners	ity Limited Partnership:
All others: Signature of an anthorized person	
hees.	
Articles of Conversion frees for Florida Articles of Organization Certified Copy software of Status	\$25.00 \$125.00 \$30.00 (Optional) \$5 — Coston

18 JUL -9 MM St 4.5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE I - Name: The name of the Limited Liability Company is:	
THE AUGUST SOCIETY 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:	
Principal Office Address: Mailing Address:	
FORT Myers, FL 33913 FORT Myers, FL 33913	
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:	
JASON GAY	
Florida street address (P.O. Box NOT acceptable)	
FORT MYERS FL 33913 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 agree the obligations of my position as registered agent as provided for in Chapter 605, F.S.	

<u>fitle:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerAMBR	JASON GAY 11113 Peace Lilly WAY FORT Myers, FL 33913
1.5.46	
(Use attachment if necessary)	
TLE Vi Other provisions if any	
TLE Vi Other provisions if any	v/A
TLE Vi Other provisions if any	υ/A
CLE V: Other provisions, if any.	υ/A
TLE Vi Other provisions if any	N/A
REQUIRED SIGNATURE: Signature of a member of a This document is accounted in a condance any faise information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of a This document is accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of a This document is accordance any false information submitted in a document provided for in s.817.155, F.S.	My

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

ARTICLE IV-