# 14000/985/8

(Requestor's Name)	
(Address)	200316431152
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	08/01/1801013004 **128.75
(Business Entity Name)	00-15-11 5175 5 - ••
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FALL ZEZE
	W18-70334 - 19

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Office Use Only

### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations			
SUBJECT: Elizabeth Bold (Name of R	esulting Florida Limited Co	L C ompany)	_
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I			
Please return all correspondence concerni	ng this matter to:		
Elizabeth LeBlanc (Contact Person)			
Elizabeth Bolduc HC	LLC		
(Firm/Company) 474 Walnut Dr.			18 AU T
(Address)  St. Johns, FL 32219			18 AUG 15 PH 12: 42
(City, State and Zip Code)	)		デ で
E-mail Address: (to be used for future annual	report notifications)		,
For further information concerning this m	natter, please call:		
(Name of Contact Person)	at ( <u>714</u> ) <u>3</u> (Area Code) (D	29-1766 aytime Telephone Number)	
Enclosed is a check for the following amodollars and drawn on a bank located in the		essed by this office must	t be payable in US
(178,75 previously paid)  Z \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
(heck 6-21.27 STREET ADDRESS:	MAILING	ADDRESS:	
New Filing Section	New Filing		
Division of Corporations Clifton Building	Division of P. O. Box 6	Corporations 5327	

Tallahassee, FL 32314

2661 Executive Center Circle

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.

1. The control of SOA of the character of the control of the contr	1
1. The name of the "Other Business Entity" immediately prior to the filing of the Artic	les of Conversion is:
(Enter Name of Other Business Entity)	_·
2. The "Other Business Entity" is a	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	e name of the country)
on May 17 2016 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	icles of Organization:
ENANDAM MENUN HAND MALE WE CHIZABLEY	ANTERPROPERTY KIN
(Enter Name of Florida Limited Liability Company) Elizabeth	LeBianc HC, LL
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 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 dadocument's effective date on the Department of State's records.	 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.</li> </ol>	isal rights the amount to
	- Of 11-
	· · ·

Signed this 9th day of August	20 18	
Signature of Authorized Representative of Limit		
	<del> </del>	
Signature of Authorized Representative: Printed Name: Elizabeth LeBlanc	te lebene	
Printed Name: Elizabeth LeBlanc	Title: Owner	_
Signature(s) on behalf of Other Business Entity:		
Signature: Printed Name: Elizabeth LeBlanc		_
Printed Name: Elizabeth LeBlanc	Title: Oww	_
Signatura		
Signature: Printed Name:	Title:	-
Signature: Printed Name:		_
Printed Name:	Title:	_
Signature:		_
Signature:Printed Name:	_ Title:	_ _
Cirmotura		
Signature: Printed Name:	Title:	_
Timed (vanie		-
Signature:Printed Name:		_
Printed Name:	Title:	_
If Florida Corporation:		
Signature of Chairman. Vice Chairman, Director, or O	Officer.	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	by Partnarchin	
Signature of one General Partner.	y ratthersing.	
_		
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
All others:		
Signature of an authorized person.		Ţ
P		ASS =
Fees:		
Articles of Conversion:	\$25.00	15 E 1
Fees for Florida Articles of Organization:	\$125.00	. W
Certified Copy:	\$30.00 (Optional)	70
Certificate of Status:	\$5.00 (Optional)	* 13
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:			
The name of the Li	mited Liability Company is:			
į	Elizabeth LeBianc	HC,	LLC	
(Mu	st contain the words "Limited Liability	Company, "I	.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:			
	s and street address of the pr	incipal offi	ce of the Limited	d Liability Company is:
Principal Office A	ddress:	Mailing	Address:	
474 Walnu	AL Dr.	474	walnut Dr	
51. 10hns	FL	<u> </u>	Halnut Dr t. Johns, FL 32259	
32254	l		32524	
(The Limited Liability Cobusiness entity with an a	egistered Agent, Registered ompany cannot serve as its own Regist active Florida registration.)  Florida street address of the registration of the registration of the registration.	ered Agent. Y	ou must designate an i	individual or another
		Ŭ		三百 三 竹
	Elizabeth	LeBlar	C	
	Name	<b>:</b>		(a) (b)
	474 Walnu	1 Dr.		7
	Florida street address (P.O	. Box <b>NO</b> 1	acceptable)	18 AUG 15 PH 12: 42
	St. Johns City	F <u>L</u>		1~3
	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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Λ	$\mathbf{R}^{r}$	ΓĪ	C1	F	13	V.
73	1.		N I			<b>,</b> -

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

CANADON AND THE PARTY	
'AMBR" = Authorized Member	
'MGR" = Manager MGR	Elizabeth ceBlanc
rec	474 Walnut Dr.
	Si Johns, FL 32259
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REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	or an authorized representative of a member are with section 605.0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a do	blan
REQUIRED SIGNATURE:  Signature of a member of a member of any false information submitted in a do as provided for in s.817.155. F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes. I am award cument to the Department of State constitutes a third degree for the section of the Department of State constitutes a state of the degree for the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the sect
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REQUIRED SIGNATURE:  Signature of a member of a member of any false information submitted in a do as provided for in s.817.155. F.S.	or an authorized representative of a member are with section 605.0203 (1) (b). Florida Statutes, I am aware