# 1800201092

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(Cil	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
	<b>g -</b>	

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Office Use Only

#### **COVER LETTER**

<b>TO:</b> New Filing S Division of C					
	•	MCGEE, LLC	:		
SUBJECT:	(Name of Res	ulting Florida L	imited Cor	npany)	
				d fees are submitted to converce ordance with s. 605.1045, F	
Please return all corr	espondence concernin	g this matter t	0:		
JOEL MARCUS CPA					
	(Contact Person)		<del></del>		
	(Firm/Company)		<del></del>	,	30 6
676 W. PROSPECT R	OAD			{	16 AUG 20
	(Address)				
FT. LAUDERDALE, FI	_ 33309				
(4	City, State and Zip Code)		<del>_</del>		PH
JOEL@JOELMARCU	SCPA.COM				آ <u>ن</u> د
E-mail Address: (to b	e used for future annual re	port notification	s)		ر ج
For further informati	on concerning this ma	tter, please ca	И:		
JOEL MARCUS CPA		_at (	566-	8513 	
(Name of Conta	act Person)	(Area Co	ode) (Day	ytime Telephone Number)	
	for the following amou a a bank located in the			sed by this office must be paya	able in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MA	ILING A	ADDRESS:	
New Filing Section			Filing S		
Division of Corporat	tions			Corporations	
Clifton Building			Box 63		
2661 Executive Cent	ter Circle	Tali	ahaeseo	FI 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.

<ol> <li>The name of the "Other Business Entity" immediately pri L. MCGEE, INC.</li> </ol>	or to the filing of the Articles of Conversion is:
(Enter Name of Other Business En	tity)
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partner	ship, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	LORIDA .
(Enter	state, or if a non-U.S. entity, the name of the country)
10/10/2017 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as se	t forth in the attached Articles of Organization:
L. MCGEE, LLC	
(Enter Name of Florida Limited Liability C	ompany)
(The effective date: Cannot be prior to date of receipt or the date this document is filed by the Florida Departmen Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	t of State.)
5. The plan of conversion has been approved in accordance v	vith all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay which such members are entitled under ss. 605.1006 and 60.	
	AS A
	18 AUG 20 SECRETARIAN
	<u>.</u>

Signed this 14TH	lay of AUGUST	20 <u>18</u> .
Signature of Authoriz	ed Representative of L	innted Liability Company:
		1 <u>A A</u>
Signature of Authorized	Representative:	100
Printed Name: LAUREN	MCGEE	Title: MGRM
		y: [See below for required signature(s)]
$\mathcal{A}$	$\mathcal{A}$ .	,
Signature:		
Printed Name:	CON MICHE	Title:
Signature: 6	ber ,	
Printed Name: ピタッ	ARD MAGES	Title: M6N V. Par
Printed Name:		Title:
Timed Name.		Title:
Signature:		Title:
Printed Name:	<del></del> .	Title:
Cimetura		
Drinted Marros	<del></del>	Title:
rimed Name:		Title.
Signature:		
Printed Name:		Title:
If Florida Corporation	<u>:</u>	
Signature of Chairman,	Vice Chairman, Director,	, or Officer.
If Directors or Officers I	ave not been selected, ar	n Incorporator must sign.
If Florida Canaral Par	nership or Limited Lia	hility Partnarchin
Signature of one General		Ditty I bittletsing.
If Florida Limited Part	nership or Limited Lia	bility Limited Partnership:
Signatures of ALL Gene	eral Partners.	<del>-</del> -
All others:		
Signature of an authorize	ed person.	
_		
Fees:		
Articles of Conv	version:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 18 AUG 20 PM 5: 34

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na		LONIDA LIVITED LIA	
The name of the L	imited Liability Company	is:	
	L. MCGEE, LI		
(M	ust contain the words "Limited Liab	ility Company, "L.L.C.," or "LEC.")	
ARTICLE II - A			a d T inhillian Common north
The maining addre	ss and street address of the	principal office of the Limite	ed Liability Company is:
Principal Office A	Address:	Mailing Address:	
2850 N ANDREWS	AVENUE	2850 N ANDREWS AVEN	UE
FORT LAUDERDAL	E, FL 33311	FORT LAUDERDALE, FL	33311
			<del></del>
(The Limited Liability C business entity with an		red Office, & Registered Aggistered Agent. You must designate an	
The name and me	Tioriaa bireet aaareoo of iii	o 105.0.0100 agon. 2.0.	
	MCGEE & HUSKEY, P.A	<del></del>	
	Na	me	
	2850 N ANDREWS AVE	NUE	
		O. Box NOT acceptable)	
	FORT LAURERRAL F	71. 22244	
	FORT LAUDERDALE City	FL 33311 Zip	
	City	Zip	
liability comp registered agent statutes relatin	oany at the place designated and agree to act in this cap ig to the proper and complet	I to accept service of process ; I in this certificate, I hereby ac acity. I further agree to comp te performance of my duties, a registered agent as provided f	ccept the appointment as ply with the provisions of all and I am familiar with and
	Registered Agent's S	ignature (REQUIRED)	10 AUG 20 Section 18
	(CONT	INUED)	0 PH 5:

A	R	Т	Ī	C	I.	F.	T	V.	_
/ B	7.			•	_	_			

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	LAUREN M MCGEE
	2850 N ANDREWS AVENUE
	FORT LAUDERDALE, FL 33311
MGRM	EDWARD MCGEE
	2850 N ANDREWS AVENUE
	FORT LAUDERDALE, FL 33311
	;** <u>;</u>
	1/7
(Use attachment if necessary)	<u></u>
(Use attachment if necessary)	
·	<u></u>
(Use attachment if necessary)  LE V: Other provisions, if any.	<u></u>
·	<u></u>
·	<u></u>
LE V: Other provisions, if any.	<u></u>
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LE V: Other provisions, if any.	<u></u>
REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	or an authorized representative of a member are with section 605.0203 (1) (b). Florida Statutes, I am aw
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a document is a contact of the state of th	or an authorized representative of a member are with section 605.0203 (1) (b). Florida Statutes, I am aw
REOUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a doc 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 cument to the Department of State constitutes a third degree