# 1180002091005

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAI	L		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section
Division of Corporations
SUBJECT: IMCLESS BOY COHUGE LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Landra Jones
Timeless Bay Cottage
1261 Bay Harbor Dr. #307
Palm Harbor, FL 344085
(City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Landva Tones at (813) 853-9390 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & Status  \$185.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status  \$185.00 Filing Fees.  Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### **MAILING ADDRESS:**

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### **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.

Signed this 24 day of August	20 18
Signature of Authorized Representative of Lim	ited Liability Company:
1 0	dia
Signature of Authorized Representative:	maracy owner, sole Member
Printed Name: LUM(IVA TOYL)	_ Title// OWYIEN, SOIL IVIEWNOW
Signature(s) on behalf of Other Business Entity:	
Signature: Jandin	
Printed Name:   Junior Times	_ Title: <u>Myney</u> Solemember
( <del>)                                   </del>	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tr. 1
Printed Name:	little:
Signatura	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	a or
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Ir	ncorporator must sign.
YOUNG THE COMMON TO BE AND THE SECOND SECOND SECOND	ita Dautuanshina
If Florida General Partnership or Limited Liabil Signature of one General Partner.	nty rarmersmp:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	,
All others: Signature of an authorized person	

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Timeless Bay Cottac (Must contain the words Limited Liability)	Jompany, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Palm Harbor, Fr. 34685	< same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Lamra Jones	
Name	
1201 Bay Havk	or Dr. #307
Florida street address (P.O.	Box NOT acceptable)
Palm Haybor	FL 34085
City	Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	WHY SEP TO

ARTICLE IV-	
The name and address of each	h person authorized to manage and control the Limited Liabilit
Company:	
TC*41	Name and Address

"AMBR" = Authorized Member "MGR" = Manager	
MGR_	Landra Jones 12-101 Bay Hawloo Dr. #307 Palm Hawloor, FL 34685
(Use attachment if necessary)	18 SEP -5
CLE V: Other provisions, if any.	MHII: 57

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)