11800093838

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

Office Use Only



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SEP 21 2018 T SCHROEDER

COVER LETTER

Division of C	orporations				
SUBJECT: Librenac	LLC				
30D0EC1	(Name of Re	sulting Florida Limit	ed Con	mpany)	
		~	-	nd fees are submitted to convert an "Caccordance with s. 605.1045, F.S.	Other
Please return all corre	espondence concernin	g this matter to:			
Neil Carlson					
	(Contact Person)		•		
Librenac LLC					
	(Firm/Company)				
12 Snapper Ave					
	(Address)				
Key Largo, FL 33037					
((City, State and Zip Code)				
carlson.neil.a@gmail.com	n				
E-mail Address: (to b	e used for future annual re	port notifications)	r		
For further information	on concerning this ma	tter, please call:			
Neil Carlson		at (619	992-1	1796	
(Name of Conta	ct Person)		(Day	ytime Telephone Number)	
	or the following amou a bank located in the	•	rocess	ssed by this office must be payable in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:			ADDRESS:	
New Filing Section Division of Corporat	ions	New Fi	_	Section Corporations	
Clifton Building	IVIIS	P. O. B			
2661 Executive Cent	er Circle	Tallaha	ssee.	FL 32314	

Tallahassee, FL 32301

TO: New Filing Section

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
Feb 12, 2018 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Librenac 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 document'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.
18 SEP 20 SECRETARY TALL AHASSIC

Signed this 18 day of Scptember	201_8	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: Printed Name: Neil Carlson	Title: Mr.	
Signature(s) on behalf of Other Business Entity: [5		
Signature: Sel Carlon Printed Name: Neil Carlon	Title: Mr	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	18 5£ 1AL!
All others: Signature of an authorized person.		AHA SEP SEP
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AH D: 26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	.0.			
The name of the Lir		mpany is:		
Librenac LLC				
	t contain the words "Lir	nited Liability C	ompany, "L.L.C.," or "LI	LC.")
		·		,
ARTICLE II - Add				
The mailing address	and street addres	s of the princ	cipal office of the L	Limited Liability Company is:
Principal Office A	ldress:	<u> </u>	Mailing Address:	
12 Snapper Ave			12 Snapper Ave	
Key Largo, FL			Key Largo, FL	
33037			33037	
business entity with an ac	tive Florida registration	i.)	-	nate an individual or another
	Neil Carlson			
		Name		
	12 Snapper Ave			
•		dress (P.O. B	ox <u>NOT</u> acceptabl	le)
	Key Largo		FL 33037	
	Cit	y	Zip	
liability compa registered agent a statutes relating	ny at the place des nd agree to act in to the proper and gations of my posi	signated in the this capacity, complete per ition as regist	is certificate, I here I further agree to formance of my dut	cess for the above stated limited by accept the appointment as comply with the provisions of all ties, and I am familiar with and ided for in Chapter 605, F.S
	(1	CONTINUI	ED)	A Bo 2

ARTICLE IV-

as provided for in s.817.155, F.S.

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	N 46 1	
AMBR	Neil Carlson	
	12 Snapper Ave	<u></u>
	Key Largo, FL 33037	
		
		
		
		
		
		77.0
		<u> </u>
		<u> </u>
(1)		
(Use attachment if necessary)		20
		me - II
DELCT EN Od		
RTICLE V: Other provisions, if any.		
1 1,10,0		9 2 2
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		<u></u>
DECHIDED SIGNATURE.		
REQUIRED SIGNATURE:		
4.1	Lander a	
Signature of a member or	an authorized representative of a mamb	
This document is executed in accordance	an authorized representative of a memb with section 605.0203 (1) (b), Florida Statutes, I ar	र। n aware that
any false information submitted in a docu	ment to the Department of State constitutes a third of	legree felony

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)