# U8000246188

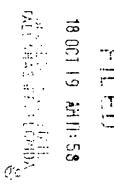
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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T SCHROEDER

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: BranhamCo, LLC	
(Name of Res	sulting Florida Limited Company)
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia	les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
David A. Cohen	
(Contact Person)	
Miller Edwards Rambicure, PLLC	
(Firm/Company)	<del></del>
300 East Main Street, Suite 360	
(Address)	<del></del>
Lexington, Kentucky 40507	
(City, State and Zip Code)	<del></del>
dcohen@merlegal.com	
E-mail Address: (to be used for future annual rep	port notifications)
For further information concerning this mat-	ter, please call:
David A. Cohen	at ( 859 ) 281-0077
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amour dollars and drawn on a bank located in the L	nt: (All checks processed by this office must be payable in US United States)
\$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
STREET 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.

	(Enter Name of Other Business Entity)
2. The "Other Busir	ness Entity" is a
(Enter ent	tity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, form	med or incorporated under the laws of
June 14, 2018 on	
(date of organization	n. formation or incorporation)
3. The name of the I	Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
	the date of filing, enter the effective date:  Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this docum Note: If the date inserted	d in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
5. The plan of conve	ersion has been approved in accordance with all applicable statutes.
6. The "Converted or which such members	Other Business Entity" has agreed to pay any members having appraisal rights the amount to ers are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of _OCTOBBR	20_\8		
Signature of Authorized Representative of Limit			
Signature of Authorized Representative:	Title: MANGER		
Signature(s) on behalf of Other Business Entity:	See below for required s	•	
Signature: Dong Brankam Printed Name: Don't Brankam	Title:	DREADE	PRESIDENT
	132		
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title		
Signature:Printed Name:	T'41		
rimited Name:	_ Fitte:		
Signature:	<del>-</del>		
Printed Name:	_ Title:		
Signature:			
Printed Name:	Title:	<del></del>	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
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)		FILED  18 OCT 19 ANII: 5
		je.	Co

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The page of the Limited Lightlity Co.	onnant is:		
The name of the Limited Liability Co	mpany is:		
BranhamCo, LLC			
(Must contain the words "Li	mited Liability Company,	"L.L.C.," or "LLC."	')
ARTICLE II - Address:			
The mailing address and street address	ss of the principal of	ffice of the Lim	ited Liability Company is:
Principal Office Address:	<u>Mailin</u>	g Address:	
Attn: Doug Branham	Attn: D	oug Branham	
2200 Bayshore Boulevard		ayshore Bouleva	ard
Dunedin, Florida 34698	Duned	in, Florida 3469	8
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as i business entity with an active Florida registration The name and the Florida street addre	its own Registered Agent. n.)	You must designate	an individual or another
The haire and the Florida street address	.ss of the registered	agent are.	
Doug Branham			
	Name		
2200 Bayshore Bo	oulevard		
<del></del>	dress (P.O. Box NO	T acceptable)	
Dunedin	FL	34698	
Cit		Zip	
<u> </u>	.9		
Having been named as registered a liability company at the place des registered agent and agree to act in statutes relating to the proper and accept the obligations of my post	signated in this certi, this capacity. I furth complete performan	ficate, I hereby her agree to con ice of my duties,	accept the appointment as apply with the provisions of all and I am familiar with and
Don	g Braham	1	_
	gent's Signature (RE	EQUIRED)	18 007 19
			A M

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	5 5 .	
MGR	Doug Branham	
	2200 Bayshore Boulevard	
	Dunedin, Florida 34698	<del></del>
	<del></del>	
	*	
	<del> </del>	
(Use attachment if necessary)		
•		
CLE V: Other provisions, if any.		
	<del></del>	<u></u>
BEOLUBUS OLON STUDE		000
REQUIRED SIGNATURE:	A (	
1)ous	Branksom	5
	an authorized representative	of a member, 🚉
This document is executed in accordance	with section 605.0203 (1) (b), Florida	Statutes. I am aware that
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State consti	itutes a third degree felony
D-14- 201	l	ار بي هـــ ار بي
<u> </u>	to them	
Ty	ned or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)