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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(De	ocument Number)	
(DC	oument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
		

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COVER LETTER

TO: New Filing So Division of Co				
SUBJECT:	grative Hor	me Sales L. oulting Florida Limited Con	upany)	-
			d fees are submitted to eccordance with s. 605.10	
Please return all corre	espondence concerning	g this matter to:		
James W	(Contact Person)	S		
	(Firm/Company)			18 CC
9812 She	(Address)	Lane		63
	F1 3166 City, State and Zip Code)			100 mm
H-mail Address: (to 6	e used for future annual re	port notifications)		<u>.</u>
For further information	on concerning this ma	tter, please call:		
Jums 13. (Name of Conta	ct Person)	at (<u>737</u>) 8 (Area Code) (Day	48 · 4020 (time Telephone Number)	_
	or the following amou a bank located in the		sed by this office must b	pe 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 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

POS 0000 48903

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Composation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc."
First organized, formed or incorporated under the laws of Floralda (Enter state, or if a non-U.S. entity, the name of the country)
on <u>S-14-3008</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

5. The plan of conversion has been approved in accordance with all applicable statutes.

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 22 day of Octobers	20 1 8
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Achieve of Authorized Representative:	Mile: Moresser
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Jonnes Wests Printed Name: Jonnes Tournes	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature: Printed Name:	
Signature:	
Printed Name:	I itle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	tv 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)

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:
Catalive Home (Must contain the words "Limit	Este 2, 1, C. red Liability Company, "L.IC.," or "L.I.C.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
14025 Whole Plains. Speighill, FL 34409	57 14025 White Plains 5] 5 preinghill, FC 34609
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	-
Jenna Ex.	J. Harepore 55
140as Wha	ries (P.O. Box NOT acceptable)

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..

istered agent a argumane (wago mass

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMB R	Jennie S. Haupen 14025 Ushite Vlaing 5) Springhill, FL 34609
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
democration Ty	ped or printed name of signee Filing Fees of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

* ARTICLE IV-

Company: