L1800258314

(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:

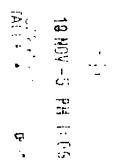
Office Use Only

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10/18/18--01025--013 **150.00



COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: FMB 1 (Name	LLC	
(Name	of Resulting Florida Limited Con	npany)
The enclosed Articles of Conversion, Business Entity" into a "Florida Limi	-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all correspondence cond	cerning this matter to:	
Kathleen W. Jo (Contact Person)	iggers	- en
FMB 1, LLC		
(Firm/Company)	,
11021 Gulf Ref	lections Dr. Ur	+ 405
_		
Fort Myers, FL	3 3 9 0 8	E 00
(Only, State and Esp	0000)	
E-mail Address: (to be used for future an	nual report notifications)	c. om
For further information concerning th	nis matter, please call:	
Kathleen Jasse (Name of Contact Person)	15 at (502) 7	73-3824
	amount: (All checks process	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing and Certificate of Status		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING A	ADDRESS:
New Filing Section	New Filing S	
Division of Corporations Clifton Building	Division of C P. O. Box 63	•
2661 Executive Center Circle	Tallahassee,	

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
FMB 1, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Utah</u> (Enter state, or if a non-U.S. entity, the name of the country)
on Sept. 23, 2016 (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: 9/30/18
(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.

Signature of Authorized Representative of Limit	ted Liability Company	
		
Signature of Authorized Representative: Las Printed Name: Kathleen W. Jaggers	the W. Jegs	
Printed Name: Kathleen W. Jaggers	_ Title: Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Kash W 1885		
Signature: Kathleen W. Jaggers	Title: Managing Mcmbe	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
runca name.	1100.	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	_ Title:	
Printed Name:		
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation:	Title:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation of Chairman, Director, or Chairman	Title:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Title:Officer.	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	Title:Officer.	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner.	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: 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. If Florida Limited Partnership or Limited Liabilit	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner.	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	Title: Officer. corporator must sign. tv Partnership:	-,
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person.	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person.	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Title:	
If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	Title: Officer. corporator must sign. tv Partnership:	
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Title:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FMB 1, LLC			
(Must co	ontain the words "Limited Liabilit	ry Company, "L.L.C.," or "LEC.")	
ARTICLE II - Addres The mailing address and		ipal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
11021 Gulf Reflection	ns Dr., Unit 405	Jnit 405 11021 Gulf Reflections Dr., Unit 405	
Fort Myers, FL 33908	3	Fort Myers, FL 33908	
<u>-</u>		· · · · · · · · · · · · · · · · · · ·	
(The Limited Liability Comp	any cannot serve as its own Regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or another	
The Limited Liability Comp business entity with an activ	any cannot serve as its own Regi	stered Agent. You must designate an individual or another stered agent are:	
The Limited Liability Comp business entity with an activ	any cannot serve as its own Regice Florida registration.) da street address of the regice Summit Crest Real	stered Agent. You must designate an individual or another stered agent are:	
(The Limited Liability Comp business entity with an activ	any cannot serve as its own Regice Florida registration.) da street address of the regice Summit Crest Real	stered Agent. You must designate an individual or another stered agent are: Estate, LLC	
(The Limited Liability Comp business entity with an activ	sany cannot serve as its own Regive Florida registration.) da street address of the regive Summit Crest Real N 13379 McGregor Bl	stered Agent. You must designate an individual or another stered agent are: Estate, LLC	
The Limited Liability Comp business entity with an activ	sany cannot serve as its own Regive Florida registration.) da street address of the regive Summit Crest Real N 13379 McGregor Bl	stered Agent. You must designate an individual or another stered agent are: Estate, LLC ame lvd., Ste. 2	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M G Z	Kathlern W. Jaggers 11021 Gulf Reflections Dr., Un. Fort Myers, FL 33908
MGR	Albert R. Jaggers Jr.
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
DECUMPED SIGNATURE.	
REQUIRED SIGNATURE:	J Sey
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
1/- 1-6 1	W. Jaggers ped 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)