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	(Requestor's Name)
 -	(Address)
	(* 1001000)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer;

Office Use Only

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SECRETARY OF STATE ALLAHASSEE FROM THE

cover Letter ,

TO:	New Filing S Division of C							
Stir.	FCT: GOLF C	OAST HOSPITALITY LI.	C					
1000		OAST HOSPITALITY LL (Name of Re	sulting Florida Lim	ited Cor	mpany)			
			_		nd fees are submitted to accordance with s. 605.			Other
Pleas	e return all corr	espondence concernin	g this matter to:					
RON	KERR							
		(Contact Person)		-				
		(Firm/Company)		_				
7751	SE HERITAGE BI	LVD		_				
		(Address)						
НОВ	E SOUND, FL 334							
	(1	City, State and Zip Code)						
RON(@SOUTHFORKK	ITCHENANDBAR.COM						
1:-	mail Address: (to b	be used for future annual re	port notifications)	_				
For f	urther informati	on concerning this ma	tter, please call:					
RON	KERR		at (305	394-3	3575			
	(Name of Conto	act Person)	(Area Code) (Day	3575 ytime Telephone Number)			
		for the following amou a bank located in the		proces	sed by this office must		ble in	US
(\$25 f) & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$155,00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Co		☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status	SECRE FARY FALL AHASSE	18 NOV 26	T
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Tallahassee, FL 32301

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Articles of Conversion

For

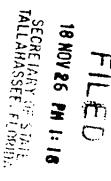
"Other Business Entity"

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: GOLF COAST HOSPITALITY INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a FOR PROFIT CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S, entity, the name of the country)
NOVEMBER 6, 2018
NOVEMBER 6, 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GOLF COAST HOSPITALITY 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.



Signed this 19 day of NOVEMBER	20_18
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative:	Gide: SOLE MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name; RON KERR	
Printed Name: RON KERR	Title: OFFICER
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Cimatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	****
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

1-6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
GOLF COAST HOSPITALITY LLC	
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4225 SW BIMINI CIR S	7751 SE HERITAGE BLVD
PALM CITY, FL 34990	HOBE SOUND, FL 33455
The name and the Florida street address of	`the registered agent are:
RON KERR	
	Name
7751 SE HERITAGE BLA	/D
Florida street address	(P.O. Box <u>NOT</u> acceptable)
HOBE SOUND	FI, 33455
City	Zip
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and compacted accept the obligations of my position	and to accept service of process for the above stated limited ted in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605. F.S
	Signature (REQUIRED) LECTE IAND SEE STATE OF ST

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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	0
MGR	RON KERR
	7751 SE HERITAGE BLVD
	HOBE SOUND, FL 33455
	
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(Use attachment if necessary)	
•	يستوين ماريسي هاف
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: _	
164	<u></u>
Signature of a member or	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 docu	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
RON KERR	
	med or printed name of signee
13	· -
Ty	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)