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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECNELARY OF STATE

THE PROPERTY OF STATE

COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: SB CASH	H. LLC				
	(Name of Res	sulting Florida Limit	ed Cor	nipany)	
	s of Conversion, Artic a "Florida Limited Li	~			d to convert an "Other 05.1045, F.S.
Please return all corre	espondence concernin	g this matter to:			
STEVEN E. CASH					
	(Contact Person)				
SB CASH, LLC					
	(Firm/Company)				
1417 49TH AVENUE, I	ΝE			•	_
	(Address)				AS to
ST PETERSBURG, FL	33703				高州
((City, State and Zip Code)				
drodrigues123@yahoo	.com				SS 3 1
E-mail Address: (to be	e used for future annual re	port notifications)			ENSSEETS
For further information	on concerning this ma	tter, please call:			FILED AN 1:05 18 DEC 13 AN 1:05 SECRETARISEE FOR PRINTE
DAVID RODRIGUES.	CPA	_at (439-	0089	500
(Name of Conta-	ct Person)	(Area Code)	(Da	ytime Telephone Numb	er)
	or the following amou a bank located in the		roces	sed by this office m	ust 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 Fee Certified Copy, and Certificate of Status	es.
STREET ADDRESS New Filing Section Division of Corporati Clifton Building	ons	New Fi Divisio P. O. B	ling S n of C ox 63	Corporations 27	
2661 Executive Cente	er Circle	Lallaha	ssee.	FL 32314	

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.

	iness Entity)
2. The "Other Business Entity" is a CORPORATION	
·	partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the law	FLORIDA s of (Enter state, or if a non-U.S. entity, the name of the country)
01/01/14 on	(Since State, or it a now S.S. chart, the name of the country)
(date of organization, formation or incorporation)	
	ny as set forth in the attached Articles of Organization:
SB CASH, LLC	
(Enter Name of Florida Limited Lia	ability Company)
4. If not effective on the date of filing, enter the effective	01/01/19 tive date:
(The effective date: Cannot be prior to date of rece the date this document is filed by the Florida Depa	ipt or filed date nor more than 90 calendar days after
5 (P) 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dance with all applicable statutes.
5. The plan of conversion has been approved in accord	4.,

Signed this 8th day of December	20_18
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Stare Printed Name: Staven E Cash	Title: AMBR
Frinted Name. Steven C Steven	1100.
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
1 the 5 1 8	
Signature: Steven E Cash	Title: Posident
Timed Name. Stayen C Cary.	
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
KEL II C	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer PCE
If Directors or Officers have not been selected, an Inc	1 ()
	The state of the s
If Florida General Partnership or Limited Liability Signature of one General Partner.	iy Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Comitted Const	\$30.00 (Optional)
Certified Copy: Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SB CASH, LLC			
(Must contain the words "Limited	Liability Company, "L.L.C.," or "EL.C.")		
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limited Liability Compan		
Principal Office Address:	Mailing Address:		
1417 49TH AVENUE NE	1417 49TH AVENUE NE		
ST PETERSBURG, FL 33703	ST PETERSBURG, FL 33703		
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:		
The Limited Liability Company cannot serve as its ow	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another		
The Limited Liability Company cannot serve as its ow- business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another		
The Limited Liability Company cannot serve as its ow- business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another		
The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	Registered Agent. You must designate an individual or another		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	Registered Agent. You must designate an individual or another		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of DAVID RODRIGUES CENTRE TO BE A STREET OF THE PROPERTY	Registered Agent. You must designate an individual or another		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of DAVID RODRIGUES CENTRE TO BE A STREET OF THE PROPERTY	The registered agent are: A PA Name		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager	CTCMINI CACAL
AMBR	STEVEN E CASH
	1417 49TH AVE,NE
	ST PETERSBURG, FL 33703
AMBR	BRYAN I. CASH
	1417 49TH AVE,NE
	ST PETERSBURG, FL 33703
AMBR	APRIL J CASH
	1417 49TH AVE,NE
	ST PETERSBURG, FL 33703
AMBR	PATRICIA A CASH 50 7
	1417 49TH AVENE
	ST PETERSBURG, FL 33703 로뉴
(Use attachment if necessary)	955E
LE V: Other provisions, if any.	

REQUIRED SIGNATURE:

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STEVEN E CASH, AMBR

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)