

(Ře	questor's Name)	-
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to		
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Office Use Only

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FILED

SECRETARY OF STATE

W18-109722

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Williams Shed D (Name of Resulting Florida Lie	
The enclosed Articles of Conversion, Articles of Organiz Business Entity" into a "Florida Limited Liability Compa	ation, and fees are submitted to convert an "Other my" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to):
Brett Williams	
Williams Shed Developm	nent
1319 SW 33rd Terr.	
Cape (Oval FL 33914 (City, State and Zip Code) Williams. By et+00@gmail. (
E-mail Address: (to be used for future annual report notifications)	<u>,0</u> U
For further information concerning this matter, please call BYeth Williams at 185	1: 5294-11148
(Name of Contact Person) (Area Coc	ic) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	
☐ \$150.00 Filing Fees ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees (\$25 for Conversion and Certificate of \$125 for Articles of Organization) ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees and Certified C	
New Filing SectionNewDivision of CorporationsDivisionClifton BuildingP. O.	LING ADDRESS: Filing Section ion of Corporations Box 6327 hassee, FL 32314

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: Williams Shea Development			
(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 MISSOUVI, U.S. A (Enter state, or if a non-U.S. entity, the name of the country)			
on July 27, 2017 (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Williams Shed Development, 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.			
5. 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.			

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SECRETARY OF STATE

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

Signed this 20 day of December	20 18	
Signature of Authorized Representative of Lim		
Signature of Authorized Representative:	Title: Owner/Manager (M	(4K)
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	·
Signature: Megan Williams		
Printed Name: Wegan Williams	_Title: Administrator	
J		
Signature: Printed Name:	Title	
Timed Ivaine.	I itte.	
Signature:		
Printed Name:	Title:	
Signatura:		
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
Signature of the Content Lander.		
<u>lf Florida Limited Partnership or Limited Liabili</u>	ity Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Fees:	•	
Articles of Conversion:	\$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 Company is:
Williams Shed Development, LLC
(Must contain the words "Limited 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:
1319 SW 33rd terr. 1319 SW 33rd terr. Cape Coval, FL 33914
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Brett Williams
Name
1319 SW 33rd Terrace
Florida street address (P.O. Box NOT acceptable)
Cape Coval FI, 33914
City Zip
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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Mar	Brett Williams
1 1-11-	1341 SW 3319 TEVY.
	Cape LOYAI, FL. 34914
AMBR	Megan Williams
	cape Cival FL 22914
	14. 11. 20. 11.
(Use attachment if necessary)	
	•
RTICLE V: Other provisions, if any.	FALSE TO
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	The state of the s
REQUIRED SIGNATURE:	
[]/Ad//	(Mullion)
Signature of a member or	an authorized representative of a member
any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
Dre	H Williams
Typ	ped or printed name of signee Filing Fees
\$125.00 Filing Fee for Articles o	f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Options	al) \$ 5.00 Certificate of Status (Optional)