# 1900003653

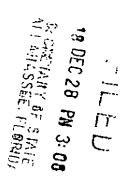
(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN - 4 2019 C Kinsey

## **COVER LETTER**

Division of Corporations	
SUBJECT: Vendita, LLC	
	Resulting Florida Limited Company)
	rticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:
Herry P. Teichman, Esq.	
(Contact Person)	<del></del>
Older Lundy & Alverez	
(Firm/Company)	
1000 West Cass Street	
(Address)	
Tampa, FL 33606	
(City, State and Zip Cod	le)
hteichman@olalaw.com	
E-mail Address: (to be used for future annua	al report notifications)
For further information concerning this	matter, please call:
Harry P. Teichman, Esq.	at (813 )254-8998
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an dollars and drawn on a bank located in t	nount: (All checks processed by this office must be payable in US the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fee and Certificate of Status	es
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

INHS11 (7/L7)

# 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:  Vendita LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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 25, 2002 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Vendite, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1 - 1 - 1 - 1 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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.



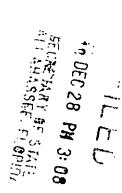
a DOCEMBER	
Signed this 977+ day of Nevember	_ 20_18
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	<u> </u>
Signature of Authorized Representative:  Printed Name: Douglas Sullinger	Title: Manager
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)]
Signature:	
Signature:	Title: Manager
Signature: Printed Name:	16-1-1-1
Printed Name:	Title:
n:	
Signature:	70.0
Printed Name:	_ little:
Signatura	
Signature:Printed Name:	Title
T (III) CO   Valido.	11(16.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ly 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)

TOTAL AND SEED OF STATE OF STA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ny is:	
Vendita, LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address:		
	the principal office of the Limited Liability Comp	any is:
Principal Office Address:	Malling Address:	
THE PART OFFICE Address.	Maning Address.	
4890 West Kennedy Blvd, Suite 920	4890 West Kennedy Blvd, Suite 920	
Tampa, Fl. 33609	Tampa, FL 33609	
ARTICLE III - Pagiutogad Agant Degic	stared Office & Degistered Agent's Signature	
M. I. C. E. III - Registered Agent, Regis The Limited Liebility Company connected by the our	stered Office, & Registered Agent's Signature: h Registered Agent. You must designate an Individual or another	
business entity with an active Florida registration.)	s (celiareteo witerit. 1.00 initzi dezafitute su individuas or sudifici	
The name and the Florida street address of	f the registered agent are:	
Harry P Teichman Fro		
Harry P. Teichman, Esq.	Name	
	Name	
	Name	
1000 West Cass Street	Name s (P.O. Box <u>NOT</u> acceptable)	
1000 West Cass Street Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
1000 West Cass Street		
1000 West Cass Street Florida street address Tampa	s (P.O. Box <u>NOT</u> acceptable) FL 33606	
1000 West Cass Street Florida street address Tampa City	s (P.O. Box <u>NOT</u> acceptable) FL 33606	ed limited
1000 West Cass Street Florida street address  Tampa  City  Having been named as registered agent	FL 33606 Zip	
1000 West Cass Street Florida street address  Tampa City  Having been named as registered agent liability company at the place designation.	s (P.O. Box <u>NOT</u> acceptable)  FL 33606  Zip  and to accept service of process for the above state at the description of the description of the appointment of the ap	ieni as
Tampa  City  Having been named as registered agent liability company at the place designaregistered agent and agree to act in this contains the cont	s (P.O. Box <u>NOT</u> acceptable)  FL 33606  Zip  and to accept service of process for the above state at the distribution of the	ient as ions of al
I000 West Cass Street Florida street address  Tampa City  Having been named as registered agent liability company at the place designate registered agent and agree to act in this statutes relating to the proper and comp	s (P.O. Box NOT acceptable)  FL 33606  Zip  and to accept service of process for the above state ated in this certificate, I hereby accept the appoint accepacity. I further agree to comply with the provise plete performance of my duties, and I am familiar v	ient as ions of al vith and
I000 West Cass Street Florida street address  Tampa City  Having been named as registered agent liability company at the place designate registered agent and agree to act in this estatutes relating to the proper and comp	s (P.O. Box <u>NOT</u> acceptable)  FL 33606  Zip  and to accept service of process for the above state at the distribution of the	ient as ions of al vith and
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I000 West Cass Street Florida street address  Tampa City  Having been named as registered agent liability company at the place designate registered agent and agree to act in this estatutes relating to the proper and comp	s (P.O. Box NOT acceptable)  FL 33606  Zip  and to accept service of process for the above state ated in this certificate, I hereby accept the appoint accepacity. I further agree to comply with the provise plete performance of my duties, and I am familiar v	ient as ions of ai vith and

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Nume and Address:		
MGR	Douglas Sullinger		
<del></del> -	4890 West Kennedy Blvd, Suite 920		
	Tampa, FL 33609		
(Use attachment if necessary)		查題	. <b>.</b> .
CLE V: Other provisions, if any.		SSTHE	DEC 28
	<del>/</del> -		- 
REQUIRED SIGNATURE			3:08
This coculicit is excerted in perfectionary with	authorized representative of a member a section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony		
Douglas Sullinger			
	or printed name of signee		

ARTICLE IV-