# L1900019074

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
(Cit	y/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

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### **COVER LETTER**

TO: New Filing So Division of Co						
SUBJECT: TRADEW	VINS 2016, LLC					
	(Name of Res	ulting Florida Limite	d Com	npany)		
				d fees are submitted to cocordance with s. 605.10		"Other
Please return all corre	espondence concernin	g this matter to:				
CLARENCE J CHURN						
	(Contact Person)					
OTA TAX PROS						
	(Firm/Company)					
17780 FITCH						
	(Address)					
IRVINE, CA 92614						
(0	City, State and Zip Code)					
clarence.chum@otahq.co	om					
E-mail Address: (to b	e used for future annual re	port notifications)				
For further information	on concerning this ma	tter, please call:				
CLARENCE CHURN		at ( <sup>855</sup>	682-7	767		
(Name of Conta	et Person)		(Day	time Telephone Number)	•	
	or the following amou a bank located in the		rocess	sed by this office must b	e 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 I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:		
New Filing Section		New Fil	ling S	ection	7	<b>.</b>
Division of Corporati	ions			Corporations	ALI SEC	ہے ہ
Clifton Building		P. O. Bo	ox 631	21	ラブ	ا 🔀

Tallahassee, FL 32314

INHS11 (7/17)

2661 Executive Center Circle

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: TRADEWINS 2016, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a PROFIT LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust. etc.)
First organized, formed or incorporated under the laws of
6/28/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TRADEWINS 2016, 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.

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SECRETARY 1 TO A 15

Signed t	his 27th	_day of December	20_18	<u>.</u>
<u>Signatu</u>	re of Author	rized Representative o	Limited Liability C	ompany:
Signatur Printed N	re of Authoriz Name: <u>JANET</u>	zed Representative: S KELLY	Title MCRE	
<u>Signatur</u>	re(s) on beha	lf of Other Business En	tity: [See below for r	equired signature(s)
Signature Printed N	e:	SKELLY	Title: MGR	
Signatur Printed N	e: Name:		Title:	
Signature Printed N	e: Name:		Title:	
Signatur	e:			
Signature Printed N	e: Name:		Title:	
Signatur Printed N	e: Name:		Title:	
If Florid Signatur	la Corporati e of Chairma		or, or Officer.	
	la General P e of one Gene	artnership or Limited I eral Partner.	_iability Partnership:	
<u>If Floric</u> Signatur	ta Limited P es of ALL G	artnership or Limited I eneral Partners.	Liability Limited Part	nership:
All othe Signatur	rs: e of an author	rized person.		
Fees:				
(	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organiza y:	\$25.00 tion: \$125.00 \$30.00 (Optio \$5.00 (Option	•

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
TRADEWINS 2016, LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
9705 LAKE BESS RD. LOT 1008.	9705 LAKE BESS RD. LO	T 1008,
WINTER HAVEN FL 33884	WINTER HAVEN FL 3388	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrationsess entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
JANET S KELLY		
Name	·	
9705 LAKE BESS RD. LOT 100	8.	
Florida street address (P.O.	Box NOT acceptable)	
WINTER HAVEN	FL 33884	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certificate, I hereby a ity. I further agree to com- performance of n:y duties, sistered agent as provided	nccept the appointment as uply with the provisions of all and I am familiar with and
(CONTIN	UED)	19 JAN SEGRETA

## ARTICLE IV-

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

Title:	<del></del>
"AMBR" = Authorized Member	
"MGR" = Manager	LANGT CHELLY
AMBR	JANET S KELLY
	9705 LAKE BESS RD. LOT 1008.
	WINTER HAVEN FL 33884
AMIDD	MARY MADDEN
AMBR	9705 LAKE BESS RD. LOT 1008.
	WINTER HAVEN FL 33884
	WINTERTIAVENTE 33004
<del></del>	
	<del></del>
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department or State constitutes a third degree felor
Signature of a member of This document is executed in accordance any talse information submitted in a document as provided for in s.817.155, F.S.  CLARENCE J CHURN	the with section 605.0203 (1) (b), Florida Statutes. I am aware the turnent to the Department of State constitutes a third degree felorities.
Signature of a member of This document is executed in accordance any talse information submitted in a document as provided for in s.817.155, F.S.  CLARENCE J CHURN	ee with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felor speed or printed name of signee
Signature of a member of This document is executed in accordance any talse information submitted in a doct as provided for in s.817.155, F.S.  CLARENCE J CHURN  T	yped or printed name of signee  Filing Fees
Signature of a member of This document is executed in accordance any talse information submitted in a doct as provided for in s.817.155, F.S.  CLARENCE J CHURN  T  \$125.00 Filing Fee for Articles	yped or printed name of signee  Filing Fees  of Organization and Designation of Registered As
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