L19000028150

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

Office Use Only

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SECTED ASSET TO THE

W19-6924

COVER LETTER

TO: New Filing Sc Division of Co				
SUBJECT: PY	والمالنان والمال	A		
SUBJECT. 1 9	(Name of Res	ulting Florida Limited Con	npany)	-
			d fees are submitted to eccordance with s. 605.1	
Please return all corre	espondence concerning	g this matter to:		
Patricia Unde	(Contact Person)			
Py Underhill	(Firm/Company)			
96014 Park I	(Address)			TIL.
Fernandina (c	Beach FL 3:	2034		31 MH
Patro Medio E-man Address: (to be	wiz.biz e used for future annual rep	port notifications)		. 0
For further information	on concerning this mat	ter, please call:		
Patrice Und- (Name of Contac	eriil et Person)		22 - 6915 rtime Telephone Number)	-
	or the following amou a bank located in the l		sed by this office must b	oe payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	18180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING A	ADDRESS:	
New Filing Section		New Filing Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 633		
2661 Executive Center	er Circle	Tallahassee, l	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.

Py underhi	(Enter No	ime of Other Busi	ness Entity)				
2. The "Other Busin (Enter enti	ess Entity" is a <u>U</u> ty type. Example: co	inuted U	ability (trupany neral partnership, c	ommon law or	business trust,	etc.)
First organized, form	ed or incorporated	under the laws	s of <u>heave</u> (Enter state, e	if a non-U.S. enti	ty, the name of	the country)	
on 11/9/10							
(date of organization	formation or incorpo	ration)					
3. The name of the F	. 1	, ,			Articles of	Organizatio	n:
4. If not effective on (The effective date: the date this docum Note: If the date inserted document's effective date	Cannot be prior tent is filed by the lin this block does not	to date of rece Florida Depa t meet the applica	ipt or filed di rtment of St	ate ['] nor more th ate.)		•	
5. The plan of conver	rsion has been appr	roved in accord	lance with all	applicable statu	ites.		
6. The "Converted or which such membe	Other Business Enters are entitled unde				ppraisal TULEHASSEE (PLAS)	Is the amount I I I I I I I I I I I I I I I I I I I	10

Signed this 9th day of January	20_10			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative: Hattu- Printed Name: Tatvicia . Urasviii	Unduhill Tillo: President Owner	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Patry brokerill Printed Name: Patry La Y. Undertill	Title: President Noner	-		
Signature: Printed Name:	Title:	_ -		
Signature:Printed Name:	Title:	<u> </u>		
Signature:Printed Name:	Title:	_ _		
Signature: Printed Name:	Title:	_ _		
Signature:Printed Name:	Title:	_ _		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.		SECK TALLA	19 JI	
<u>Fees:</u>			JAN 31	-
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		AH 11: 01	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Py Underhill LLC (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
96014 Park Place Farnandina Beach, FL 32034	96014 Park Ploce Fernandina Beach, IL 32034
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Patricia / Un	derhill
96014 Park Florida street address (P.C Fernandina Bea City	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S
Registered Agent's Sig	nature (REQUIRED)
(CONTIN	NUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) **ARTICLE 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

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)

as provided for in s.817.155, F.S.