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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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W19 - 7989



January 25, 2019

AMY JELLICORSE, ESQ 315 E ROBINSON ST STE 600 ORLANDO, FL 32801

SUBJECT: SHOOT STRAIGHT LAKELAND HOLDING CO., LLC

Ref. Number: W19000007989

We have received your document for SHOOT STRAIGHT LAKELAND HOLDING CO., LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

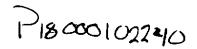
Matthew T Moon
Regulatory Specialist II Supervisor

SECRE I

Letter Number: 819A00001835

COVER LETTER

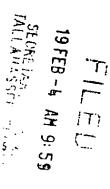
TO: New Filing Section Division of Corporations	
SUBJECT: SHOOT STRAIGHT LAKELAND) HOLDING COMPANY, LLC
(Name of Re	sulting Florida Limited Company)
	eles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
AMY E. JELLICORSE, ESQ.	
(Contact Person)	
ZIMMERMAN, KISER & SUTCLIFFE, P.A.	
(Firm/Company)	
315 E. ROBINSON STREET, SUITE 600	
(Address)	
ORLANDO, FL 32801	
(City, State and Zip Code)	
corporate@zkslawfirm.com	
E-mail Address: (to be used for future annual re	port notifications)
For further information concerning this ma	itter, please call:
AMY E. JELLICORSE, ESQ.	at (407).425-7010
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amor dollars and drawn on a bank located in the	•
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy □S185.00 Filing Fees, Gertified Copy, and Certificate of Status □S180.00 Filing Fees, Gertified Copy, and Certificate of Status
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 (7/17)	



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.

SHOOT STRAIGHT LAKELAND HOLDING CC., INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Mild State, or it a sour-old, and make or and sour-old)
DECEMBER 20, 2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SHOOT STRAIGHT LAKELAND HOLDING COMPANY, LLC (Enter Name of Florida Limited Liability Company)
DATE OF FILING (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 stanutory 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.
 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.



Signed this st day of teb	20/ 9
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: KHALED AKKAWI	Title: MANAGER
Signature(s) on behalf of Other Business Entity;	[See below for required signature(s)]
Signature:	
Printed Name: KHALED AKKAWI	Title: DIRECTORPRESIDENT
Signature: Printed Name:	Title
Signature;	min.
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an in	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
<u>All others:</u> Signature of an authorized person.	
ecs:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na		
The name of the I	Limited Liability Company	is:
	T LAKELAND HOLDING CO	
(M	lust contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre		e principal office of the Limited Liability Company is:
Principal Office	Address:	Malling Address:
1349 SOUTH ORAL	NGE BLOSSOM TR.	1349 SOUTH ORANGE BLOSSOM TR.
APOPKA, FL 32703	}	APOPKA, FL 32703
The name and the	Florida street address of t KHALED AKKAWI	
	N	ame
	1349 SOUTH ORANGE BI	
	Florida street address (P.O. Box <u>NOT</u> acceptable)
	APOPKA	FL 32703
	City	Zip
	pany at the place designate	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions of all

(CONTINUED)



'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	KHALED AKKAWI
	1349 SOUTH ORANGE BLOSSOM TRAIL
	APOPKA, FL 32703
	
····	
Use attachment if necessary)	
TWO IS	
E V: Other provisions, if any.	
EOUTRED SIGNATURE	
REQUIRED SIGNATURE:	
Signature of a member of	an authorized representative of a member
Signature of a member of This document is executed in accordance	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes, I am award turnent to the Department of State constitutes a third degree f

