# L1900000 43474

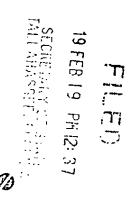
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### **COVER LETTER**

TO: New Filing Section Division of Corporati	ons	
SUBJECT: The	(Name of Resulting Florida Limited Company)	
	version. Articles of Organization, and fees are submitted to convert an "Orda Limited Liability Company" in accordance with s. 605.1045, F.S.	ther
Please return all corresponde	nce concerning this matter to:	
THE JAMMW.  (Firm)  112 CRYSTAG  (A)  DELAND FR  (City. State  WOIS @ TAM	CRPHY of Person)  SHOP, LLC  Company)  OAK DR  Idress)  32720  and Zip Code)  MINSHOP. COM  Tuture annual report notifications)	
For further information cone	erning this matter, please call:	
MARTH MA (Name of Contact Person	• •	
Enclosed is a check for the findollars and drawn on a bank	ollowing amount: (All checks processed by this office must be payable in U located in the United States)	JS
	00 Filing Fees and Certified Copy □\$185.00 Filing Fees.  Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327	

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 and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with \$,605,1045, Florida Statutes.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a <u>CORPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	est organized, formed or incorporated under the laws of FLORIDA
on	(Enter state, or if a non-U.S, entity, the name of the country)  3/11/2016 Dec P160000 23712  (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)  If not effective on the date of filing, enter the effective date: 12/31/2518.
the No	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument'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.
	SECRETARIANE SECRETARIANE

Signed this 3RD day of JANUARY	_20_19	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: MARIN MURPHY	Title: PRESIDENT	-
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)	
Signature: Printed Name: MARTIN MORPHY	Title: PRESIDENT	- -
Signature: Printed Name:		-
Signature:	:	_
Printed Name:		
Signature: Printed Name:	_Title:	- -
Signature:Printed Name:		- -
Signature:Printed Name:		- -
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.	ty Partnership:	_
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	x Limited Partnership:	19 FE SEGNE SALL AH
All others: Signature of an authorized person.	•	EB 19
Fees:		PH (P)
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	<b>9</b>

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TO 444 11 1 5400 110

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE JAMMIN, SIMI		<u>-</u>			
(Must contain the words "Limited Liability	r Company, "L.L.C.," o	ot "LLC.")			
ARTICLE II - Address:					
The mailing address and street address of the pri	incipal office of t	he Limited Lia	ibility Compai	ny is:	
Principal Office Address:	Mailing Addre	ess:			
112 CRYSTAL OAK DR.	SAME	<u>-</u>			
DSLAND, FL 32720					
		<del> </del>	<u> </u>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			lual or another	19	
The name and the Florida street address of the re	egistered agent ar	e:		FEB :	7
MARTIN MI	URPHY			9	<del>-</del> -
Name		<del></del>		,	. <b>j</b> !
Florida street address (P.O.			90 70 95.	PH 12: 37	
riorida street address (1.0.	Box MOT accep	-	ØA = T	~	
DSIAMD	FL 3	2720	40		
City	Zip				
Having been named as registered agent and to	accept service of	f process for the	above stated	limitec	đ

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..

(CONTINUED)

Registered Agent's Signature (REOURED)

ARTICLE IV-	
The name and	า

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

Title:  "AMBR" = Authorized Member  "MGR" = Manager  AMBR  PRESIDENT	Name and Address:  MARTIN MURPHY  112 CRYSTAL RAIL DR.  DELAMO, FL 32720
<del></del>	
(Use attachment if necessary)	TO FEB TO
ARTICLE V: Other provisions, if any.	19 PH IZ:
REQUIRED SIGNATURE:	<b>9</b> 33
This document is executed in accordance with	section 605.0203 (1) (b). Florida Statutes, I am aware that 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)