# 1900047211

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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INTERNATIONS OF THE PROPERTY O

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#### **COVER LETTER**

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.

(Enter Name of Other Business Entity)	<del></del>
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, ger	neral partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter state or	r if a non-U.S. entity, the name of the country)
08/21/2017	a a non-olo. entity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth MEGALUNO CONSULTING, LLC	in the attached Articles of Organization:
TEDIET Name of Florida Limited Liability Company	
(Enter Name of Florida Limited Liability Company)	)
4. If not effective on the date of filing, enter the effective date:	
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 date this document is filed by the Florida Department of Sta	ate nor more than 90 calendar days after
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 the date this document is filed by the Florida Department of Stanote: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ate nor more than 90 calendar days after ate.)  ng requirements, this date will not be listed as the
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 dathe date this document is filed by the Florida Department of Sta  Note: If the date inserted in this block does not meet the applicable statutory filindocument's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all	ate nor more than 90 calendar days after ate.)  In requirements, this date will not be listed as the applicable statutes.
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Signed thi	s 11th	day of February		20_19
Signature	of Authoriz	ed Representative o	of Limite	d Liability Company:
Signature	of Authorize	i Representative:	Z	
Printed Na	me: Jordan Fea	rs-neal	7	Title: Member
		)		
<b>Signature</b>	(s) on behalf	of Other Business E	ntity: [S	ee below for required signature(s)]
Signature:			<del></del>	Title: Member
r timed !Na	111e. 2010aqi 1 ca	13-1100	<del></del>	Title, menter
Signature:				
Printed Na	me:			Title:
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Printed Na	ıme:			Title:
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Signature:				
				Title:
Signature:				
Printeo Na	une:		<del></del>	Title:
If Florida	Corporation	•		
		<u>.</u> Vice Chairman, Direc	tor, or O	fficer.
If Director	s or Officers l	ave not been selected	d, an Inco	orporator must sign.
	•	nership or Limited	<u>Liability</u>	Partnership:
Signature	of one Genera	l Partner.		
If Florida	Limited Par	tnership or Limited i	Liahilitu	Limited Partnership:
	of ALL Gene		LIMPILITY	Limited I artifersing.
All others				
Signature of	of an authoriz	ed person.		
Fees:				
Α	ticles of Conv	version:		\$25.00
		version: Articles of Organiza		\$25.00 \$125.00
	es for Florida ertified Copy:	Authores of Organiza		\$125.00 \$30.00 (Optional)
	rtificate of St	atus:		\$5.00 (Optional)
				· · · · · · · · · · · · · · · · · · ·

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MICLES OF ORGANIZATION FOR	ILONDAI	TIAIL LEAD IN	IABIIAI I COMPANI
ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
MEGALUNG CONOUR TING 11 G			
MEGALUNO CONSULTING, LLC (Must contain the words "Limited Liab	ility Company. "	.l.C." or "I.l.C	m)
	,		,
ARTICLE II - Address: The mailing address and street address of the	principal off	ice of the Lin	nited Liability Company is:
Principal Office Address:	Mailing	Address:	
2898 W GULF DRIVE	2898 W (	ULF DRIVE	
SANIBEL, FL 33957	SANIBE	., FL 33957	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness emity with an active Florida registration.)  The name and the Florida street address of the	gistered Agent, Y	ou must designat	Agent's Signature: e an individual or another
JORDAN FEARS-NEAL			
Na	me		-
2900 W.CHI F DBWF			
2898 W GULF DRIVE Florida street address (P	O Boy NOT	Caccentable)	-
1 fortula succe address (1	.O. DOX <u>110</u> )	[ acceptatic)	
SANIBEL	<u> </u>	33957	_
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as in Registered Agent's Si	in this certificacity. I further the performance registered against the grant and the performance in the per	cate, I hereby er agree to co e of my duties ent as provide	accept the appointment as mply with the provisions of all s, and I am familiar with and

<del>59</del>

ARI	ICI	E	IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	JORDAN FEARS-NEAL		
	2898 W GULF DRIVE		
	SANIBEL, FL 33957		
<del></del>			
<del></del>			
<del></del>			
(Use attachment if necessary)  CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felong		
Jordan Fears-neal			
Tvi	ped 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)