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(F	Requestor's Name)
(F	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 1000 AcreS LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Jose A. Fernandez (Carlact Person)
1000 Acres LLC (Firm/Company)
1305 M 14th Ave (Address)
Chiefland FL 32626 (City, State and Zip Code)
E-mail Address: (to be used for future artifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (352) 682-2279 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & flat Status \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees \$185.00 Filin

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

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
On January 03 2017. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
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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Signed this 31 day of January	_20
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: 2 Printed Name: 205e A, ternonucl	_Title: _Azen+
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:olegna_B_Eernander	Title: Authorized Person
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
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 Inc.	Officer. corporator must sign
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.	ty <u>Limited Partnership:</u>
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ntain the words "Limited Liability Company, "L.1.,C.," or "L.1.,C.,")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:
Jose A. Fernandez Name
Florida street address (P.O. Box NOT acceptable)
Chiefland FL 32626 City Zip
Having been named as registered agent and to accept service of process for the above stated limited 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Serena B. Fernandez 1305 NW, 14th Ave Chiefiand Fl 32626
Ambr	Jose A. Fernandez 1305 NW 14th Ave. Chiefland FL 32626
(Use attachment if necessary)	
ICLE V. Othersmaniciene if any	
ICLE V: Other provisions, if any.	
TCLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1.5
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordance.	or an authorized representative of a member once with section 605.0203 (1) (b), Florida Statutes. I am aware the occurrent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordary false information submitted in a document in a submitted in a	or an authorized representative of a member ince with section 605.0203 (1) (b), Florida Statutes. I am aware the ocument to the Department of State constitutes a third degree felor Typed or printed name of signee Filing Fees s of Organization and Designation of Registered A