L19000019017

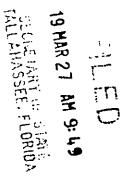
(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Rochelle GAVE
correct Art II + title date 3/22/19
date 3/22/19

Office Use Only



100324623751

02/28/19--01017--011 **125.00



" 3/27/19

COVER LETTER

SUBJECT: <u>305</u> 2		om the Past auting Florida Limited Cor	Floats the Most:
			nd fees are submitted to convert an "Other ecordance with 's. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Rachelle 2x 1103 21	Contact Person)		M
30,491, DIG	(Firm/Company)	ast. Flogsts the	: 1 10st.
SII NW	157 Ave.		
Delray P	each FL City, State and Zip Code)	33444	
Fachellewal E-mail Address: (to b	Ker 56129 mc	port notifications)	
For further information	on concerning this man	tter, please call:	
(Name of Conta			Vtime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS New Filing Section	S:	MAILING A New Filing S	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: New Filing Section

Division of Corporations



March 8, 2019

ROCHELLE D WALKER 211 NE 1ST AVENUE DELRAY BEACH, FL 33444

SUBJECT: 30S & 40S BLAST FROM THE PAST, FLOATS THE MOST

Ref. Number: W19000022345

We have received your document for 30S & 40S BLAST FROM THE PAST, FLOATS THE MOST and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida limited liability company cannot convert into another Florida limited liability company. Pursuant to s. 605.0102(23)(a), F.S., "the term 'other business entity' or 'another business entity' means a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a domestic limited liability company."

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 619A00004739

www.sunbiz.org

TO DO DOM GOOD MILL DI LA COST

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

30340 Blast from the Past. (Must contain the words "Limited Liability)	Floats the Most LLC Company. "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
211 NW 137 AVE	
Delray Beach, Fl 33444	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Name	50 P
Florida street address (P.O.	Pov NOT acceptable)
	FL 33444
liability company at the place designated in t registered agent and agree to act in this capacit	accept service of process for the above stated limited his certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mar	
-11191	Machelle D. Walker all NW 12 AVE Delray Beach Fl 33444
	ALL ALLS
	EE. F. OR.
(Use attachment if necessary)	か。
(Use attachment if necessary) CLE V: Other provisions, if any.). Du.
REQUIRED SIGNATURE:	O. J
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware timent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware

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

ARTICLE IV-

Company: