# L1900122283

(Re	questor's Name)	
	dress)	
	dress)	<del>-</del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200327617182

04/11/19--01025--012 \*\*180.00



# **COVER LETTER**

TO: Registration S Division of Co				* ************************************
SUBJECT: SEVEN S	SLOT UNITED, LLC			
30b3EC1		of Resulting Florida	Limite	d Company)
The enclosed Certifica Business Entity" into	ate of Conversion, Ar a "Florida Limited Li	ticles of Organiz ability Company	ation. " in ac	and fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
Cheyenne Moseley				
-	(Contact Person)			
LegalZoom.com, Inc.				
	(Firm/Company)			
101 N Brand Blvd 11th	FI			
	(Address)			
Glendale, CA 91203				
(C	City, State and Zip Code)			
thejestergraphics@gm.	ail.com			
E-mail Address: (to be	used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Cheyenne Moseley		at ( 800	773-	0888 x9724
(Name of Contact	ct Person)		(Day	ytime Telephone Number)
Enclosed is a check for	or the following amor	int:		
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons	Registr Divisio P. O. B	ation n of C ox 63	ADDRESS: Section Corporations 327 FL 32314

Tallahassee, FL 32301



April 18, 2019

CHEYENNE MOSELEY LEGALZOOM.COM, INC. 101 N BRAND BLVD. 11TH FL GLENDALE, CA 91203

SUBJECT: SEVEN SLOT UNITED, LLC

Ref. Number: W19000038330

We have received your document for SEVEN SLOT UNITED, LLC and your check(s) totaling \$180.00. 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.

FILE THE ANNUAL REPORT BEFORE MAY 1ST TO AVOID A LATE FEE.

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: 319A00007904

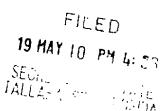
# Certificate of Conversion

For

# "Other Business Entity"

Into

# Florida Limited Liability Company



This Certificate 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.

1.	The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: SEVEN SLOT UNITED, 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.)
Fi	rst organized, formed or incorporated under the laws of FL
on	08/15/2018 (Enter state, or if a non-U.S. entity, the name of the country)
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SE	EVEN SLOT UNITED, LLC
	(Enter Name of Florida Limited Liability Company)
(T da	If not effective on the date of filing, enter the effective date:  he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te listed in the attached Articles of Organization, if an effective date is listed therein.)
5.	The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this and day of March	20_19
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Stacy Wright	Nile: Merribel
Signature(s) on behalf of Other Business Entity:	see below for required signature(s).]
Signature. Printer Name: Stacy Wright	)
	Title: President
Signature: Printed Name:	Title:
Signature:	
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 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 <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Na The name of the L	me: imited Liability Compa	any is:				
	SEV <b>EN S</b> LO	TINU TO	ED, LLC			
(M	lust end with the words "Limite	d Liabilit	v Company, "L.L.C.," or "LLC.")			
ARTICLE II - A The mailing addre		the pri	ncipal office of the Limite	ed Liability Co	mpa	my is
Principal Office.	Address:		Mailing Address:			
6204 Boyette Rd		_	6204 Boyette Rd			
Wesley Chapel, Flo	orida 33545	_	Wesley Chapel, Florida 33	3545		
(The Limited Liability C business entity with an	Company cannot serve as its ow active Florida registration.)	n Registe	Office, & Registered Ag			
The name and me	Florida street address o	n me re	gisterett agent are.	SE,	19	
	Gabriel Yoder				HAY I	
		Name		<u> </u>	10	7
	6204 Boyette Rd			27	PH	<u>.</u> ED
	Florida street addres	s (P.O.	Box <u>NOT</u> acceptable)			Ð
	Wesley Chapel		FL 33545	<u> </u>	 	
	City		Zip	معدد		

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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Charles Mariaba
AMBR	Stacy Wright
	6204 Boyette Rd
	Wesley Chapel, Florida 33545
<del></del>	
	MAY 10 PH 4:
	. 5
effective date is listed, the date mu	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business day
CLE V: Effective date, if other than	
CLE V: Effective date, if other than effective date is listed, the date muddens after the date of filing.) CLE VI: Other provisions, if any.	
CLE V: Effective date, if other than effective date is listed, the date mudden days after the date of filing.)	ist be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date muddens after the date of filing.) CLE VI: Other provisions, if any.	
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem in accordance with section 605.020	ther of an authorized representative of a member.  (b) Florida Statutes, the execution of this document
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem in accordance with section 605.020 institutes an affurmation under the section of the secti	the specific and cannot be more than five business day there of an authorized representative of a member.  (b) Florida Statutes, the execution of this document the authorized perjury that the facts stated herein are true.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem in accordance with section 605.020 institutes an affurmation under the pum aware that any false information.	the specific and cannot be more than five business day ther of an authorized representative of a member.  (b) (b) Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.  Submitted in a document to the Department of State
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem in accordance with section 605.020 institutes an affurmation under the pum aware that any false information.	the specific and cannot be more than five business day ther of an authorized representative of a member.  (b) (b) Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.  Submitted in a document to the Department of State
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CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem in accordance with section 605.020 institutes an affirmation under the pure aware that any false information institutes a third degree felony as provided the pure stitutes at third degree felony as provided the section of the pure section of	the specific and cannot be more than five business day ther of an authorized representative of a member.  (b) (b) Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.  Submitted in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2

of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)