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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument 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 Corporations
SUBJECT: Mathew Miller 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:
Matthew Miller (Contact Person)
matthew miller Inc (Firm/Company)
7509 Pleasant Dr (Address)
Haines City Florida 33844  (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Matthew Miller at (407) 709 5213  (Name of Contact Person) (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)
STREET ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  P. O. Box 6327  2661 Executive Center Circle  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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Cor	version is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S-Corporation, limited partnership, general partnership, common law or business.	osiness trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the	e country)
on 6-28-04 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O	rganization:
Matthew Miller LLC (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendathe 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 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.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights t which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	he amount to
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Signed this 13th day of May	20.19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	t Mills _Title: _PVPT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Matt Mille Printed Name: Matt Miller	Title: PVPT
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	. <u>, , , , , , , , , , , , , , , , , , , </u>
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Matthew Miller LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "I.J.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
7509 Pleasant Or.  Haines City, FL 33844  Haines City, FL 33844
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.)
The name and the Florida street address of the registered agent are:
Matthew Miller Name
7509 Pleasant Or.
Florida street address (P.O. Box <u>NOT</u> acceptable)
Haines City FL 33844
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 a 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
Mutt Milly Registered Agent's Signature (REQUIRED)
respicace user a distribute (utdotten)
(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager P ve 7	Matthew miller
<del></del>	7509 Pleasant Dr
	Matthew Miller 7509 Pleasart Dr Haines City, FL 33844
	<del></del>
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LEV: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Mutt Mills	
REQUIRED SIGNATURE:  Mutt Muth  Signature of a member of This document is executed in accordance any false information submitted in a document is executed.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Mutt Muth  Signature of a member of This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  Mutt Mull  Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	re with section 605.0203 (1) (b), Florida Statutes. I am aware urnent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Mutt Mull  Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e 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-