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



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COVER LETTER

TO: New Filing S Division of C				
	e Capital Management	, LLC Referei	nce #W19000050933	
		ulting Florida Limited	Company)	
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organization ability Company" i	and fees are submitted to con accordance with s. 605.1045	vert an "Other , F.S.
Please return all corr	espondence concernin	g this matter to:		
Christopher Rogers				
	(Contact Person)	.		
Capital Fund Law Group	, P.C.			. ;
	(Firm/Company)			<u> </u>
P.O. Box 792				
	(Address)			27
Farmington, UT 84025				ें हैं जी हैं एउं हैं
	City. State and Zip Code)			<u>표</u> : 당 :
info@capitalfundlaw.com	•			
E-mail Address: (to b	e used for future annual re	port notifications)		or j
For further informati	on concerning this ma	tter. please call:		
Whitney Loftus		_at (212)26	03-4300	
(Name of Conta	ict Person)	(Area Code) (Daytime Telephone Number)	
	or the following amount a bank located in the		cessed by this office must be p	ayable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fea and Certified Copy	es S185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILIN	G ADDRESS:	
New Filing Section		New Filin		
Division of Corporat	ions		of Corporations	
Clifton Building		P. O. Box		
2661 Executive Cent	er Circle	Tallahace	oo FL 32314	

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 Conversion is: Lenape Capital, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
on 10/26/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Lenape Capital Management, LLC
(Enter Name of Florida Limited Liability Company)
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.

Certificate of Status:

\$5.00 (Optional)

SECTION AND SOLVE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lenape Capital Management, LLC		
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1627 Common Way Road	1627 Common Way Road	
Orlando, FL 32814	Orlando, FL 32814	
1627 Common Way Road	Registered Agent. You must designate an indivi	
Orlando	F1_32814	4,5
City	Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this constantes relating to the proper and compacted accept the obligations of my position at Registered Agent's	ed in this certificate, I hereby accept apacity. I further agree to comply wi lete performance of my duties, and I	the appointment as ith the provisions of all am familiar with and

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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	
MGR	Mark Boos
	1627 Common Way Road
	Orlando, FL 32814
(Use attachment if necessary)	
(=	
CLE V: Other provisions, if any.	
SEE TO GREET PROTECTION OF THE MANY.	
REQUIRED SIGNATURE:	
MEQUINED STOLATIONE.	
Cirrature of a manufacture	an authorized paragontative of a manchan
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware t
any false information submitted in a docu	ment to the Department of State constitutes a third degree fel
as provided for in s.817.155, F.S.	,
-	
Mode Door	

Typed 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)