L19000169745

| (Requ | iestor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busia | ness Entity Nar | me) |
| (Doci | iment Number) | |
| | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|--|------------|
| SUBJECT: GREAT CHUR (Name of Resu | CH LLC | |
| (Name of Resu | ulting Florida Limited Company) | |
| | es of Organization, and fees are submitted to convert an "Cability Company" in accordance with s. 605.1045, F.S. |)ther |
| Please return all correspondence concerning | g this matter to: | |
| ADAM HARTLE (Contact Person) | | |
| THE GREAT CHURCH (Firm/Company) | | |
| (Firm/Company) | _ | |
| 3117 SPRING FLEN RD (Address) | SVITE 406 | |
|) ACKSONVILLE, FL 3. (City, State and Zip Code) | 2207 | |
| | | |
| E-mail Address: (to be used for future annual rep | | |
| For further information concerning this mat | ter, please call: | |
| ADAM HARTLE (Name of Contact Person) | at (904) 5/4-3/34 (Area Code) (Daytime Telephone Number) | |
| • | nt: (All checks processed 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 Certified Copy, and Certificate of Status | |
| STREET ADDRESS: | MAILING ADDRESS: | 10 #IN - 7 |
| New Filing Section | New Filing Section | Z : |
| Division of Corporations | | |
| Clifton Building | P. O. Box 6327 | |

Tallahassee, FL 32314

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 GREAT CHURCH INC. (Enter Name of Other Business Entity) |) |
|---|--|
| 2. The "Other Business Entity" is a CHURCH | N1800000 6773 |
| (Enter entity type. Example: corporation, limited partnership | , general partnership, common law or business trust, etc |
| First organized, formed or incorporated under the laws of F | LORIDA |
| (Enter sta | te, or if a non-U.S. entity, the name of the country) |
| on 6/18/2018 | |
| on 6/18/2018 (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set for GREAT CHURCH LCC | _ |
| GREAT CHURCH LCC (Enter Name of Florida Limited Liability Com | pany) |
| 4.16 . 66 | |
| 4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or file the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | d date nor more than 90 calendar days after f State.) |
| 5. The plan of conversion has been approved in accordance with | n all applicable statutes. |
| | |

| Signed this 3 1 day of MAY | _ 20 <u>_ / 9</u> |
|---|--------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| 11 | 11 |
| Signature of Authorized Representative: | Lut i |
| Signature of Authorized Representative: ADAM HARTLE | Title: <u>c.E.o.</u> |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: Printed Name: Anthony Jashem | |
| Printed Name: Madd Mass and | Title: Orasidon L |
| Timed Name. Hittirons (12) | The promote |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or C | |
| If Directors or Officers have not been selected, an Inc | corporator must sign |
| | |
| If Florida General Partnership or Limited Liabilit | ty Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: |
| | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$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: | |
|---|---|
| GREAT CHURCH (Must contain the words "Limited Liability C | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the prin | cipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3117 Spring Glen Rd Suite 406 ACKSONUILLE, FL 32207 | |
| ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) | Office, & Registered Agent's Signature: ad Agent. You must designate an individual or another |
| The name and the Florida street address of the reg | istered agent are: |
| ADAM HART | TZE |
| Name | |
| 2588 STATE A Florida street address (P.O. E | Box NOT acceptable) |
| ST JoHNS City | FL 32259 Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S |

(CONTINUED)

ARTICLE IV-

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 | |
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| Mac | Authoria la Sana |
| | 7236 St Augustin Pd |
| | Jax FL 32217 |
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| (I loo attachment if managem) | • |
| (Use attachment if necessary) | |
| | |
| LE V: Other provisions, if any. | |
| The same provisions, it may | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| 11-1- | |
| | |
| Signature of a member or | an authorized representative of a member |
| any false information submitted in a docur | with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor |
| as provided for in s.817.155, F.S. | |
| ADAM HARTI | ' F |
| , (Dr.(1 - 11/1/\ 1 - | |
| Tvi | ped or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)