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(R	Requestor's Name)		
(A	ddress)		
(A	oddress)		
(C	City/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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JUL 1 8 2019

COVER LETTER

TO:	New Filing Section			
	Division of Corporations			
SUB.	JECT: P410 Properties LLC			
	(Name of	Resulting Florida Limited Company)		
		rticles of Organization, and fees are submitted to coll Liability Company" in accordance with s. 605.104		
Pleas	e return all correspondence concer	ning this matter to:		
	Peter H. Kruse			
	(Contact Person)			
	P410 Properties LLC			
	(Firm/Company)		TOF 61	
	1307 Barrington Circle		三 是 是	
	(Address)		18	
	St. Augustine, FL 32092		3	
	(City, State and Zip Cod	c)	Mision of Collegizations 19 Jul 18 PM 2: 43	
	p410properties@comcast.net		ω	
E-1	mail Address: (to be used for future annua	l report notifications)		
For fi	urther information concerning this	matter, please call:		
Peter		(815) 762-9724 ode) (Daytime Telephone Number)		
	osed is a check for the following an rs and drawn on a bank located in t	nount: (All checks processed by this office must be he United States)	payable in US	
(\$25 fe	or Conversion and Certificate of	□\$180,00 Filing Fees □\$185,00 Filing Fees, and Certified Copy ——Certified Copy, and us of Organization)		
STRI	EET ADDRESS:	MAILING ADDRESS:		
	Filing Section	New Filing Section	New Filing Section	
	ion of Corporations	Division of Corporations		
Clifto	on Building	P. O. Box 6327		

Tallahassee, FL 32314

INHS11 (7/17)

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.

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.

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
P410 Properties LLC	<u> </u>	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
1307 Barrington Circle	1307 Barrington Circle	
St. Augustine, FL 32092	St. Augustine, FL 32092	
		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		<u>, '-</u>
The name and the Florida street address of the re-	egistered agent are:	ASSOCIATION ASSOCI
Peter H. Kruse		- 유디트 - 유디트
Name		
1307 Barrington Circ	cle 1	2 差
Florida street address (P.O.	Box NOT acceptable)	2 St.
St. Augustine FL	32092	
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 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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
AMBR	Peter H. Kruse				
	1307 Barrington Circle				
	St. Augustine, FL 32092				
AAADD	An ala Maur				
AMBR	Angela Kruse				
	1307 Barrington Circle				
	St. Augustine, FL 32092				
					
(Use attachment if necessary)					
•					
ARTICLE V: Other provisions, if any.					
REQUIRED SIGNATURE:					
V.+ 1//					
- yem N. K.	lusi				
	an authorized representative of a member				
	This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony				
as provided for in s.817.155, F.S.	amena to the Department of State constitutes a finite degree felony				
,					
Pet	er H. Kruse				

Filing Fees

Typed 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)