# L1900199124

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_





500329595825

05/20/19--01020--008 \*\*150.00

N CULLIGAN 19

#### **COVER LETTER**

TO: New Filing So Division of Co				
	•			
SUBJECT: SA Kitesu	(Name of Res	ulting Florida Limited	d Com	pany)
The enclosed Articles Business Entity" into	s of Conversion, Articl a "Florida Limited Li	es of Organization ability Company"	n, and in ac	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Dale McCann				
	(Contact Person)			
SA Kitesurf Adventures				
	(Firm/Company)			
1454 63rd Ter S				
	(Address)			
St. Petersburg Florida, 33	3705			
	City, State and Zip Code)			
sakitesurf@gmail.com	•			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Dale McCann		_at ()	295 7	337
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		ocess	sed 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	S180.00 Filing Fand Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fil	_	
Division of Corporat	ions			Corporations
Clifton Building		Р. О. Вс	SO XC	<i>Δ1</i>

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE 19:13 | 2 | Kil 10: 47 Division of Corporations

July 30, 2019

ţ

DALE MCCANN 1454 63RD TER S ST. PETERSBURG, FL 33705

SUBJECT: SAK ADVENTURES LLC

Ref. Number: W19000052216

We have received your document for SAK ADVENTURES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of the LLC on #3 on the Articles of Conversion must match the name as set forth in the Articles of Organization.

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: 119A00010882

2019 AUG 12 PM 1: 08 SECRETARY OF STATE TALLAHASSEE, FL

# Articles of Conversion For

## "Other Business Entity"

### 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.

SA Kitesurf Adventures 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)
05/15/2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  SAK Adventures 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.)
<b>Note:</b> 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.

Signed this <u>17</u> day of <u>Mary</u>	_ 20 <u>_ / 9</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Dale McCann	Title: Owner/Founder
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Dale McCann	Tal Owner/Rounder
Printed Name: Dale McCann	THIE: Owner/Founder
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
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 Inc. If Florida General Partnership or Limited Liabili	Officer. corporator must sign.
Signature of one General Partner.	<del></del>
If Florida Limited Partnership or Limited Liability 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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	iited Liability Company	is:	
SAK ADVENTURES I	I.C		
(Must	contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
<b>ARTICLE II - Add</b> The mailing address	ress: and street address of th	e principal office of the Limited I.	iability Company is:
Principal Office Ad	ldress:	Mailing Address:	
1454 63rd Ter S		1454 63rd Ter S	
St. Petersburg		St. Petersburg	<del></del>
Florida, 33705		Florida, 33705	
	orida street address of t  Dale McCann	<del></del>	THE ETTER  2019 AUG 12 PH 1: 08  SECRETARY OF STAT  TALLAHASSEE, FL
	N	lame	TAY 72 15
	1454 63rd Ter S		ASSE PA
-	Florida street address (	P.O. Box NOT acceptable)	H: 08 EE, FL
	St. Petersburg	FL 33705	· m
-	City	Zip	
liability compa registered agent a statutes relating	ny at the place designate nd agree to act in this co to the proper and compl igations of my position a	nd to accept service of process for ed in this certificate, I hereby accept apacity. I further agree to comply a lete performance of my duties, and as registered agent as provided for a Signature (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Á	RT	ICI	Æ	IV-	
$\sim$	N.	10	ن ا د	1 7 -	

as provided for in s.817.155, F.S.

Dale McCann

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	Dale McCann	
<u></u>	1454 63rd Ter S	<del></del>
	St. Petersburg, Florida, 33705	
		<del></del>
<del></del>		
		SECRETARY OF
(Use attachment if necessary)		59 5
(GSC anacomon in incression; )		TARKY (
		SS PA
ARTICLE V: Other provisions, if any.		Elo T
		1: 08 EE, FL
<del></del>		
REQUIRED SIGNATURE:	<u>/</u>	
KEQUINED SKINATUKI.		

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)

Signature of a member or 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