L19000210000

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

Office Use Only

N. SAMS AUG 23 2019



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COVER LETTER

TO:	New Filing S Division of C			è	-1	
SURI	ECT: SouthSw	an Design L.L.C.				
30111		(Name of Re	sulting Flor	rida Limit	ed Con	npany)
						d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this ma	tter to:		
Craig	Wilberts					
		(Contact Person)				
SouthS	Swan Design L.L.(C.		-		
		(Firm/Company)				
4480 I	ronwood Circle U	nit A317				
		(Address)				
Brader	nton, FL 34209					
	(1	City, State and Zip Code)				
no1foi	ling@outlook.con	1				
E-n	ail Address: (to b	e used for future annual re	port notific	ations)		
For fu	rther informati	on concerning this ma	tter, pleas	se call:		
Craig V	Wilberts		_at (770-9	434
	(Name of Conta	ect Person)	(Ar	ea Code)	(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	S155.00 Filing Fees and Certificate of Status		00 Filing I ified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRES	S:		- -		DDRESS:
	Filing Section on of Corporati	ions		New Fil	_	
	on of Corporad 1 Building	10113		P. O. Bo		orporations 27
	Executive Cent	er Circle		Tallahas	ssee. F	FL 32314

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity"

Into

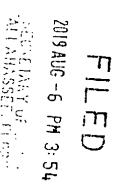
Florida Limited Liability Company

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.

SouthSwan Design L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Himited 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)
08-06-2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SouthSwan Design L.L.C. (Enter Name of Florida Limited Liability Company)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SouthSwan Design L.L.C.

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 13th	day of August	20_19	
Signature of Authori	zed Representative o	f Limited Liability Company:	
Signature of Authorize Printed Name: <u>Craig Wi</u>	ed Representative:	Craix Wilberts Title: Owner	_
Signature(s) on behal	f of Other Business En	tity: [See below for required signature(s)]	
Signature: CAA	in Wilberts	_ •	
Printed Name; Craig Wi	lbeds	Title: Owner	- -
Signature:		Title:	_
Printed Name:		Title:	_
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:		Title:	_
Printed Name:		Title:	_
Signature:Printed Name:		Title:	_ _
If Florida Corporation Signature of Chairman, If Directors or Officers	Vice Chairman, Direct	or, or Officer. an Incorporator must sign.	
If Florida General Pa Signature of one Gener			
If Florida Limited Par Signatures of ALL Ger		iability Limited Partnership:	2019 AUG -6 SLOBE TARY ALL AHASSE
All others: Signature of an authoriz	zed person.		AUG -6 PH
Fees:			3 α C

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:
The name of the islanted islantity c	ompany is.
SouthSwan Design L.L.C.	
(Must contain the words "I	imited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4480 Ironwood Circle Unit A317	4480 Ironwood Circle Unit A317
Bradenton, FL 34209	Bradenton, FL 34209
ARTICLE III - Registered Agent, (The Limited Liability Company caunot serve as business entity with an active Florida registratic The name and the Florida street addr Craig Wilberts	ess of the registered agent are:
Claig Whoelts	Name Same
4480 Ironwood Circ Florida street ac	
Bradenton	FL 34209
C	ty 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:

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Craig Wilberts
	4480 Ironwood Circle Unit A317
	Bradenton, FL 34209
	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware