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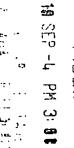
(Requestor's Nan	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	none #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numb	per)
Certified Copies Certification	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing So Division of Co				
	·			
SUBJECT: Polley Pro		sulting Florida Li	mited Cor	mpany)
	s of Conversion, Artic	les of Organiz	ation, an	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to) :	
Kenneth S Polley				
	(Contact Person)			
Polley Properties, LLC				
	(Firm/Company)		_	
7512 Dr. Phillips BLVD.	, STE. 50-756			
	(Address)			
Orlando, FL 32819				
(0	City, State and Zip Code)		_	
kspolley@gmail.com				
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please cal	1:	
Ross Brunson		at (801	244-9	9880
(Name of Contact	et Person)	(Area Co	de) (Day	9880 ytime Telephone Number)
Enclosed is a check for dollars and drawn on	•		•	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	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAI	LING A	ADDRESS:
New Filing Section		New	Filing S	Section
Division of Corporati	ons			Corporations
Clifton Building	ur Cirola		Box 63	27 FI 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 Polley Properties Inc	Articles of Conversion is:
(Enter Name of Other Business Entity)	 ·
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership,	
	common law or business trust, etc.)
First organized, formed or incorporated under the laws of [Florida] (Enter state, or if a non-U.S. ent	ity, the name of the country)
05/07/2019	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
Polley Properties 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 the date this document is filed by the Florida Department of State.)	han 90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable stat	utes.
 The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ippraisal rights the amount to

Signed this 28th	day of August	20_19	
		of Limited Liability Company:	
Signature of Author Printed Name: Kennet	zed Representative: h S Polley	Title: Managing Member	
Signature(s) on beha	alf of Other Business E	ntity: [See below for required signature(s))l
Signature: Printed Name: Kennet	h S Polley	Title: Chairman / Incorporator	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature:			
Signature:Printed Name:		Title:	_ _
Signature:		Title:	
If Florida Corporat Signature of Chairma If Directors or Office	<u>ion:</u> ın, Vice Chairman, Direc	ctor, or Officer. d, an Incorporator must sign.	
Signature of one Gen	eral Partner.	-	
If Florida Limited P Signatures of <u>ALL</u> G	Partnership or Limited Peneral Partners.	Liability Limited Partnership:	
All others: Signature of an author	rized person.		
Fees:			

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: BEP-4 PH 3: B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Polley Properties LLC	
	Liability Company, "L.L.C.," or "LLC.")
	and the state of t
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address.	M (1)
Principal Office Address:	Malling Address:
7512 Dr. Phillips BLVD., STE. 50-756	7512 Dr. Phillips BLVD., STE. 50-756
Orlando, FL 32819	Orlando, FL 32819
A DITTICAL TO A STATE OF THE ST	_
The Limited Liability Company cannot serve as its own	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	ti kegistered Agent. Fou must designate an individual or another
The name and the Florida street address of	f the registered agent agent
The name and the Florida street address o	t the registered agent are:
United States Corporation	Agents, Inc
	Name
5575 S. Semoran BLVD S	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Orlando	FJ. 32822
City	Zip
	·
Having been named as registered agent	and to accept service of process for the above stated limited
nability company at the place designation	nted in this certificate, I hereby accept the appointment as
statutes relating to the proper and com-	capacity. I further agree to comply with the provisions of all
accept the obligations of my position	plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S.
	as registered agent as provided for in Chapter 603, P.S.
$\bigcap M \cap C$	neyenne Moseley, Asst. Secretary on behalf
	United States Corporation Agents, Inc.
Registered Agent's	s Signature (REQUIRED)

(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 AMBR	Kenneth S Polley
AMDR	7512 Dr. Phillips BLVD., STE, 50-756
	Orlando, FL 32819
	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
2	2
Signature of a markey and	
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree fe
Kenneth S Polley	
	yped or printed name of signee
-	Filing Fees
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered
\$ 30.00 Certified Copy (Option	
	प्र ूचे . क