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(R	equestor's Name)			
	idress)			
(Al	iuless)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(De	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
14 14 14 14				
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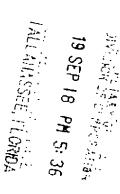
Office Use Only

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August 12, 2019

ROBERT GOREN 12910 CINQUETERRE DRIVE VENICE, FL 34293

SUBJECT: TIKI-TWO, LLC Ref. Number: W19000074012

We have received your document for TIKI-TWO, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 819A00016497

COVER LETTER

TO: New Filing Son Division of C				
SUBJECT: Tiki-Two	.LLC			
	(Name of Res	ulting Florida Limite	d Com	pany)
				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:		
Robert Goren				
	(Contact Person)			
	(Firm/Company)			
12910 Cinqueterre Drive				
	(Address)			
Venice, FL 34293				
()	City, State and Zip Code)			
robgoren@icloud.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Stuart Boone		_at (488-6	716
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the	•	rocess	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat		New Fil	ling S	ADDRESS: ection corporations

P. O. Box 6327

Tallahassee, Fl. 32314

Clifton Building 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.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
May 13, 1999 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
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 0 SEPTEMBER 2019
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte the date this document is filed by the Florida Department of State.) Note: 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.
the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
the date this document is filed by the Florida Department of State.) Note: 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.

Signed this 6 day of 504	20_19
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Printed Name: Robert Goren	Title: Authorized Member
Signature(s) on behalf of Other Business Entity	
Signature: Printed Name: 668CRT R GoRen	Title: PRESIDENT
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director of Directors or Officers have not been selected, a	, or Officer. n Incorporator must sign.
If Florida General Partnership or Limited Lie Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Lig Signatures of ALL General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	A DOMBALLAND	
ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Tiki-Two, LLC	iability Company, "L.L.C.," or "LLC.")	
_		
ARTICLE II - Address: The mailing address and street address of the mailing address and street address of the mailing address and street address of the mailing address.	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
12910 Cinqueterre Drive	12910 Cinqueterre Drive	
Venice, FL 34293	Venice, FL 34293	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Robert Goren 12910 Cinqueterre Drive	r registered register a season of	
Florida street address	s (P.O. Box NOT acceptable)	
Venice	FL 34293	
City	Zip	
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	nated in this certificate, I hereby ac- capacity. I further agree to comp pulste performance of my duties, a	dy with the provisions of all and I am familiar with and
(Cegistered)	v = m·g/mmm = (v : m (= 1	ži.
(CC	ONTINUED)	19 SE

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Robert Goren AMBR____ 12910 Cinqueterre Drive Venice, FL 34293 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: 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 as provided for in s.817.155, F.S. Robert Goren Typed or printed name of signee Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

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

ARTICLE IV-