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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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October 1, 2019

ANTHONY HARDIE 6024 28TH ST W BRADENTON, FL 34207

SUBJECT: CASA TOSCANNA APARTMENTS LLC Ref. Number: W19000086968

We have received your document for CASA TOSCANNA APARTMENTS LLC and your check(s) totaling \$. 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.

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.

Letter Number: 219A00020147

Keyna E Page Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2019

ANTHONY HARDIE 6024 28TH ST W BRADENTON, FL 34207

SUBJECT: CASA TOSCANNA APARTMENTS LLC

Ref. Number: W19000086968

We have received your document for CASA TOSCANNA APARTMENTS LLC and your check(s) totaling \$185.00. 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

www.sunbiz.org

Letter Number: 819A00019912

COVER LETTER

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TO:	New Filing S Division of C				
SUB.	IECT: Casa Toso	cana Apartments LLC			
		(Name of Res	sulting Florida Limite	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Anthor	ny Hardie				
		(Contact Person)			
Casa T	oscana Apartment	s LLC			
		(Firm/Company)			
6024.2	8th St. W.				
		(Address)			
Brader	nton, FL 34207				
	(1	City, State and Zip Code)			
CasaT	oscanaApts@gmai	il.com			
E-r	mail Address: (to b	e used for future annual re	port notifications)		
For ft	arther informati	on concerning this ma	tter, please call:		
Antho	ny Hardie		_at (<u>608</u>	239-4	658
	(Name of Conta	nct Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	S180,00 Filing and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
New	Filing Section		New Fil	ling S	ection
	ion of Corporat	ions			orporations
	n Building Executive Cent	er Circle	P. O. Be Tallaha		27 FL 32314
	ISMOGRATION COM	VI CIICIO	i anana.		いし シェン・コ

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 Articles of Conversion is: Casa Toscana Apartments LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
2. The "Other Business Entity is a
First organized, formed or incorporated under the laws of Wisconsin (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
July 5, 2011 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:
Casa Toscana Apartments LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: September 20, 2019
(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.)
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.
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 12th day	of September	_ 20 <u>19</u>	
Signature of Authorized 1	Representative of Limi	ted Liability Company:	
Signature of Authorized Re Printed Name; Anthony Hardie	presentative:	Title: Owner, Author 12ed Member	ser .
Signature(s) on behalf of C	ther Business Entity: [See below for required signature(s)	
Signature: Chule			
		Title: Owner, Authorized Mono	er
		, ————————————————————————————————————	
Printed Name:		_ Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:	<u> </u>	_ Title:	
Printed Name:		Title:	
Signature:			
Printed Name:		_ Title:	
If Florida Corporation: Signature of Chairman, Vice If Directors or Officers have	Chairman, Director, or C not been selected, an Inc	Officer. orporator must sign.	
If Florida General Partner Signature of one General Par		y Partnership:	
If Florida Limited Partner Signatures of <u>ALL</u> General I	ship or Limited Liabilit Partners.	v Limited Partnership:	
All others: Signature of an authorized po	erson.		
Fees:			<u>;</u> +
Articles of Conversi Fees for Florida Art Certified Copy: Certificate of Status	cles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

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ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Casa Toscana Apartments LLC		
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Comp	any is
Principal Office Address:	Mailing Address:	
C004 Note For 11/ #205		
6094 14th St W #305 Bradenton, FL 34207	6094 14th St W #305	
Diagramon, 1 L 34207	Bradenton, FL 34207	
The name and the Florida street address BERLIN PATTEN EBL		
	Name	
3700 S. TAMIAMI TRA	All. STE 200	
	ss (P.O. Box <u>NOT</u> acceptable)	
SARASOTA	FL 34239	
	Zip	
City Having been named as registered agen	It and to accept service of process for the above states	l limi
Having been named as registered agen 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. Registered Agent	•	ent as ons of ith an

ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Anthony Hardie
	6024 28th St. W.
	Bradenton, FL 34207
	
	
	
	
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any	
(Use attachment if necessary) LE V: Other provisions, if any.	
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.E V: Other provisions, if any.	
REQUIRED SIGNATURE:	La Company of the Com
REQUIRED SIGNATURE: Signature of a member of	The ran authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Anthony Hardic	ce with section 605.0203 (1) (b), Florida Statutes, I am aware cument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Anthony Hardic	ee with section 605.0203 (1) (b). Florida Statutes. I am aware cument to the Department of State constitutes a third degree for the printed name of signee
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Anthony Hardie	ce with section 605.0203 (1) (b), Florida Statutes. I am aware current to the Department of State constitutes a third degree for the Department of State constitutes as the degree for the Department of State constitutes as the degree for the Department of State constitutes as the Department