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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

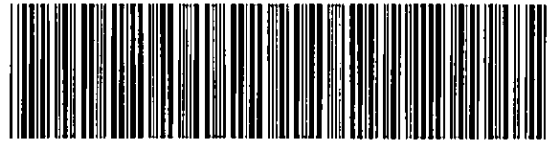
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SECRETARY OF THE  
TALLAHASSEE, FL

**COSTELLO & WICKER, P.A.**

ATTORNEYS AT LAW

Voice (239) 939-2222 • Facsimile (239) 939-2280

**John M. Wicker, P.A.**, Managing Attorney  
Also member of Florida Institute of Certified Public Accountants

Brittany Professional Centre  
12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

**Truman J. Costello, P.A.**, 1949 - 2011

Mailing Address  
Post Office Drawer 60205  
Fort Myers, FL 33906-6205

November 1, 2019

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Sent By:  
FEDEX Envelope

FILED  
2019 NOV -4 PM 3:46  
ST. JOHN'S  
TALLAHASSEE, FL

**Re: ARTICLES OF CONVERSION FOR OTHER BUSINESS ENTITY "CAVOK  
CAPITAL, LLC" INTO FLORIDA LIMITED LIABILITY COMPANY**

Dear Sir or Madam:

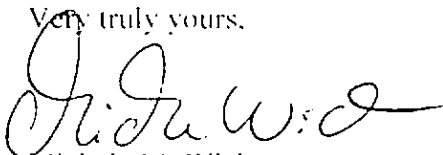
Please find enclosed the following:

1. Our firm's check #5196 in the amount of \$150.00 being \$25 for conversion and \$125 for Florida Profit Articles of Incorporation.
2. Articles of Conversion for Other Business Entity into FL LLC
3. Articles of Organization for Florida Limited Liability Company
4. Stamped, addressed return envelope for correspondence.
5. May we kindly ask to put a "rush" on processing. Our client has a business transaction pending in Florida for which the conversion is absolutely crucial.

We thank you so much for your kind assistance in this matter. Please do not hesitate to contact my office if there are any questions or concerns.

Thank you for your time and attention to this matter.

Very truly yours,

  
Michele M. Wicker  
For the Firm

Direct Dial: (239) 690-4269  
E-mail: [mwicker@lawcrw.com](mailto:mwicker@lawcrw.com)

Enclosures: As Noted Above

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

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TALLAHASSEE, FLORIDA

The Articles of Conversion **and attached Articles of Organization** 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:  
CAVOK CAPITAL, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a DELAWARE 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 DELAWARE

(Enter state, or if a non-U.S. entity, the name of the country)

on 3/3/2019

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

CAVOK CAPITAL, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: UPON FILING

**(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 1ST day of NOVEMBER 2019.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Todd Dolphin  
Printed Name: TODD DOLPHIN Title: MANAGER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Todd Dolphin  
Printed Name: TODD DOLPHIN Title: MANAGER

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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JACKSONVILLE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CAVOK CAPITAL, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

855 VIRGINIA AVE

PALM HARBOR, FL 34683

### Mailing Address:

2600 FENCEPOST DR

APT 202

ODESSA, FL 33556

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOHN M. WICKER

Name

12670 NEW BRITTANY BLVD, SUITE 101

Florida street address (P.O. Box **NOT** acceptable)

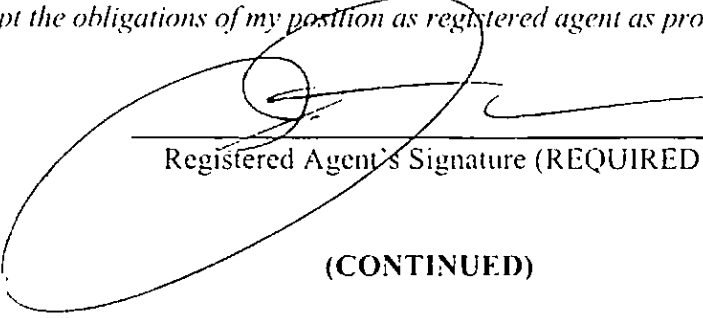
FORT MYERS

FL 33907

City

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)

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HALL COUNTY, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

TODD DOLPHIN

2600 FENCEPOST DR, APT 202

ODESSA, FL 33556

_____	_____
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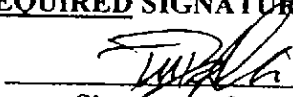
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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

THE COMPANY SHALL BE MANAGED BY A MANAGER OR GROUP OF MANAGERS, AND IS THEREFORE, MANAGER MANAGED.

**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.

TODD DOLPHIN

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)**