U9000230234

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	

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2019 NOV -4 AM 2: 57

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: JLSL Dalles LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Laura S. Chism (Contact Person) Norreh ? Mills P.C. (Firm/Company)
· · · · · · · · · · · · · · · · · · ·
1800 McFarland Blvd. N. Ste. 180 (Address)
Tuscalousa At 35406 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (205) 3-15-2800 (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion and Certificate of S125 for Articles of Organization) \$\mathbb{Q}\$\$ \$155.00 Filing Fees and Certified Copy and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2019

LAURA S. CHISM 1800 MCFARLAND BLVD N. STE 180 TUSCALOOSA, AL 35406

SUBJECT: JLSL DALLAS, LLC Ref. Number: W19000069218

We have received your document for JLSL DALLAS, LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 419A00015608

DOFROH & MILLS, P.C.

ATTORNEYS AT LAW 1800 McFarland Blvd. North, Suite 180 Tuscaloosa, AL 35406 Telephone: (205) 345-2800 Telefax: (205) 345-2801

FACSIMILE COVER SHEET

TO:	Ms. Fason
COMPANY NAME:	Plorica SOS
FAX NUMBER:	850-245-6804
FROM:	Laura. S. Chism
DATE	11-1-19
RE:	JLSL-Dallas, L-LC
# OF PAGES	, including cover page
MESSAGE:	
breqt your inquiry re	egarding an unsuccessful transmission or illegible copy to

CONSIDERTE, LIFY NOTE: The information contained in this facsimile message is legally privileged and Confidential. The information is intended only for the use of the individual or entity named above. If the receiver of this is estage in a cital and inded recipient, you are hereby notified that any dissemination, distribution or copy of this facsimile is assigned in a citaly prohibited. If you have received this facsimile message in error, please immediately notify us by a deplone at he that any our bill for postage and handling.

Articles of Conversion For "Other Business Entity"

Florida Limited Liability Company

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.635.1645, Plorida

"Other Business Entity" into a Morida Limited Liability Company in acco	ordance with \$.6.75.19.45, Florida
State to . 1. The name of the "Other Business Entity" immediately prior to the filling of	the Articles of Compassion is:
1 The name of the "Other Business Entity Infinediately prior to the Hang of Other Business Entity) (Finter Name of Other Business Entity)	
(Little Hame of Otto)	
2. The "Offic Business Entity" is a limited limbility company (I not entity type. Example: corporation, limited partnership, general partnership.	ship, common law o. bus ness must, etc.)
First organized, formed or incorporated under the laws of	S. entity, the name of the country)
idate of organization, formation or incorporation)	
3. The rame of the Florida Limited Liability Company as set forth in the atta	ached Articles of Criganization:
(Enter Num: of Florida Limited Liability Company)	
4. If no effective on the date of fixing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor method ate tais document is filed by the Florida Department of State.) Note: If he date inserted in this block does not meet the applicable statutory filing required document is effective date on the Department of State's records.	ments, this date will not be lis ed as the
5. The plan of conversion has been approved in accordance with all applicab	le statutes.
6. The Converted or Other Business Entity" has agreed to pay any members has obtain at h members are entitled under ss. 605.1006 and 605.1061-605.1072	aving appraisal rights the amount to 2, F.S.
	2019 NOV - 4 AM SECRE PURY OF TALL VHASSE

Si jud this day of October 20	19.
Si quature in Authorized Representative of Limited L	iability Company:
Printed Passins	Member
Si quature(i) or het alf of Other Business Entity: [See b	elow for required signature(s)]
The second Niles and Second Se	C. ITI FAM DES
Si gnature: The Man Land For Mina Tit	le: Member
Signature: Tit	lc:
S gn at urt P inted Name:Ti	le:
Signature:Ti	ie:
S gnature Fringed Non coTi	tle:
I Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Offic I "Directors or Officers have not been selected, an Incorp	eer. orator must sign.
Li Florida Genera Partnership or Limited Liability P. Lignature of one General Partner.	artnership:
) [Florida Limited Partnership or Limited Liability L. i gnatures of 11 General Partners.	imited Partnership:
dil orhe ii dig tature of an au horized person.	
.¹ <u>c€\$:</u>	
Figure 1 Control of Granization: \$ 5. Control of Contro	25.00 125.00 30.00 (Optional) 5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Musi contain the violds	'Limited Liability Company, "I.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
170) Skylend Bonlever	1 PO Box 70098 Tuscadossa, AL 35407

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

Steve Lack kar
Name

352 Beach Side Orise
Florida street address (P.O. Box NOT acceptable)

Panama City Beach Pl. 32413

City Zip

ifacing been named as registered agent and to accept service of process for the above stand in the challity company at the place designated in this certificate. I hereby accept the appointment cs registered agent and agree to act in this capacity. I further agree to comply with the provisions of all states 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 60.) F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Tiff e: "AMI)R" = Authorized Moniber	Name and Address:
"AGI." = Manager	Steve Locklear 352 Beachside Orive Panama City Beach, Fr. 32415
AMER	Teame Lock lear 302 beachside Delve Panema City Beach, Fr. 92413
(Use attachment if necessary)	
CLEV: Other provisions, if any.	
HEOUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member se with section 605.0203 (1) (b), Ploride Statutes, I am aware that nument to the Department of State constitutes a third degree felony
It is document is executed in accordance at relate information submitted in a doct as provided for in s.817.155, P.S.	