L19 000 300 884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MICHAEL C COPPOLA LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
MICHAFL C COPPOLA (Contact Person) MICHAFL C COPPOLA LCC (Firm/Company) PO BOX 430437 (Address) BIG PINE KEY FC 33043 (City. State and Zip Code) MCOPPOLA JR @ GMAIL.COM E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
MICHAEL COPPOLA at (305) 747 8350 (Name of Contact Person) (Area Code) (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 (S25 for Conversion & S185.00 Filing Fees and Certificate of S185.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status of Organization)
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MICHAEL C COPPOLA JR INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COR POR ATION (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. entity, the name of the country)
on /22/1985 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MICHAEL C COPPOLA LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
1. 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 than 90 calendar days after
he 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 locument's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
5. 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.

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Signed this 28 day of SEPTEMBE	$\frac{R}{20}$ 20 /9		
Signature of Authorized Representative of Lim			
Signature of Authorized Representative:	XE		
Signature of Authorized Representative: Printed Name: MITHAEL & DOFFINE A	Title: $ARES$		
Signature(s) on behalf of Other Business Entity:			
Signature: Printed Name: MECHREC C COPPOCE			
Delivery Norman MERGING Control of Street	1 7 1 10 = 6		
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Signature			
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Printed Name:	Title:		
Signature: Printed Name:	211		
rimed Name:	Intle:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or	Officer		
If Directors or Officers have not been selected, an In	corporator must sign		
	corporator mascongn.		
If Florida General Partnership or Limited Liabili	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:		
Signatures of <u>ALL</u> General Partners.		5 12	
4 H and a con-			25
All others:		-	ÅΘ
Signature of an authorized person.			1 .
Fees:		ALLABASSEE, FLUKON	9 KOY -1 FH12: 36
<u>1,000.</u>			
Articles of Conversion:	\$25.00		:2
Fees for Florida Articles of Organization:	\$125.00	ξĹ	မ္
Certified Copy:	\$30.00 (Optional)	7	
Certificate of Status:	\$5.00 (Optional)		
January of Duning,	ωσίου (Οριισμαί)		

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL C COPPOL	
(Must contain the words "Limited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address: Mailing Address:	
30870 HAMMOCK DR POBOK 4 BIG PINE KEY FL BIG PINE 33043 33	30 437 KEY FL 043
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent, You must design business entity with an active Florida registration.)	ed Agent's Signature: nate an individual or another
The name and the Florida street address of the registered agent are:	
MICHAEL C COPPOLA	
Name	
Florida street address (P.O. Box NOT acceptabelle PN E REY FL 3309 City Zip Having been named as registered agent and to accept service of proliability company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree to	. ocess for the above stated limited eby accept the appointment as
statutes relating to the proper and complete performance of my du accept the obligations of my position as registered agent as prov	ties, and I am familiar with and –
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	19 NOV -1 PH I2: 30
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	MICHAELG COPPOLA DOBOL HAMMUER DR BIR FINE REYEL 3307			
	19 KO)			
(Use attachment if necessary)	-1 PH 12: 36			
RTICLE V: Other provisions, if any.	<u> </u>			
REQUIRED SIGNATURE:	?			
I his document is executed in accordance v	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that the department of State constitutes a third degree felony			
Тур	ed 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)