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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (assumed and provincy |
| (Document Number) |
| (Boodine Namber) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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W20-2753



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2020

THOMAS GILMOUR 712 MANNS HARBOR DR APOLLO BEACH, FL 33572

SUBJECT: TG & TG LLC Ref. Number: W20000002753 20 JAN 27 PM 4: 17

We have received your document for TG & TG 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):

Please complete the section 'Signature(s) on behalf of Other Business Entity: 'in the Articles 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 020A00000914



COVER LETTER

| TO: New Filing S | ection | | | | |
|--|---|---|---|---------|-----------|
| Division of C | orporations | | | | |
| SUBJECT: | TG \$ TG (Name of Res | sulting Florida Limited Co | ompany) | _ | |
| | | | nd fees are submitted to accordance with s. 605. | | |
| Please return all corre | espondence concerning | g this matter to: | | | |
| THOMS | (Contact Person) | 1 <u>/2</u> | | | |
| | (Firm/Company) | | | | |
| 12 mans | HARVEL 1 | SR | | | 20 J. |
| POUL BEN | tex FL | 33572 | | 5 | 27 |
| Milina | City, State and Zip Code) Property Code e used for future annual re | MIL LD M port notifications) | | | PM 1: 17 |
| For further information | on concerning this ma | tter, please call: | | • | |
| Mame of Conta | ct Person) | at (<u>8/3</u>)2 (Area Code) (Da | 96-1844 Oytime Telephone Number) | _ | |
| | or the following amou a bank located in the | • | ssed by this office must | be paya | ble in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing Fees and Certified Copy | 25185.00 Filing Fees, Certified Copy, and Certificate of Status | | |
| <u>Mailing Adda</u> New Filing So | | | et Address: Filing Section | | |
| Division of C | orporations | Divis | sion of Corporations | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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: |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| 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: |
| TOXTOUC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| 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 10 day of Dtataget | £ 2020. | | |
|---|---|---------------------------------------|-------|
| Signature of Authorized Representative of Li | mited Liability Company: | | |
| Signature of Authorized Representative: M Printed Name: JHOMAS (5) WANDER | Title: PRESIDENT | - - | |
| Signature(s) on behalf of Other Business Entity | : [See below for required signature(s)] | | |
| Signature: DM/HM941 | | _ | |
| Signature: 70M/June/ | Title: PRESIDENT | _ | |
| Signature: | | | |
| Printed Name: | Title: | _ | |
| Signature: | | _ | |
| Signature:Printed Name: | Title: | | |
| Signature: | | _ | |
| Printed Name: | Title: | _ | |
| Signature: | | _ | |
| Signature:Printed Name: | Title: | _ | |
| Signature: | | | P. Y |
| Printed Name: | Title: | — f : | 20 ر |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an | | i i i i i i i i i i i i i i i i i i i | 27 PM |
| If Florida General Partnership or Limited Lial Signature of one General Partner. | bility Partnership: | CIND # | ų: 17 |
| If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners. | pility Limited Partnership: | | |
| All others: Signature of an authorized person. | | | |
| Fees: | | | |

- .

\$25.00 Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: \$125.00

\$30.00 (Optional) \$5.00 (Optional) Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| TG & TG UC | | | | | |
|--|-----------------------|--|--|--|--|
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.") | | | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 2 MANNS HARPER DR | 712 Mus HARROR | | | | |
| NUM BEACK FL 3.3672 | HOUR BEACH PL 335 TO | | | | |
| 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: | | | | |
| TRACY | TIVMUL | | | | |
| Nam | e | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| APOUL RESTAR | FL 33522 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 | | | | | |
| Drew D | ilmon | | | | |
| Registered Agent's Sig | | | | | |
| (CONTIN | VUED) | | | | |

ARTICLE IV-

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

| Name and Address: | | |
|--|--|--|
| THOMAS GIMANA THE MARINE HARRING DR FOUND BRACK FL 33572 | | |
| | | |
| | | |
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| Lagrac | | |
| | | |

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.

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)