L20000037318

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





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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/6/20

NAME: IACONA GROUP LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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: IACONA GROUP, LLC			
(Enter Name of Other Business Entity)			
. The "Other Business Entity" is a 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			
(Enter state, or if a non-U.S entity, the name of the country)			
March 30, 2012 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: IACONA GROUP, LLC			
(Enter Name of Florida Limited Liability Company)			
4. 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 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 5 TH day of February	20 <i>Z 0</i> .		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative of Limit Signature of Authorized Representative: Printed Name; John M. Jacona, IV	Title: Member		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]			
Signature: Printed Name: John M. Jacona, IV	Title: Member		
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:			
Signature:Printed Name:			
Signature: Printed Name:			
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.			
<u>l·ees</u> :			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:		
IACONA GROUP, LLC			
(Must contain the words "Limited Liabili	ity Company, "I. I. C.," or "I.I.C.")		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is.		
Principal Office Address:	Mailing Address:		
580 Bluejack Lane	580 Bluejack Lane		
St Augustine, FL 32095	St Augustine, FL 32095		
The name and the Florida street address of the registered agent are: John M. Jacona, IV			
Name			
580 Bluejack Lane			
Florida street address (P.O. Box NOT acceptable)			
St Augustine	FL 32095		
City	Zip		
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S.		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

John M. Iacona, IV, Member

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	John M. Jacona, IV		
	580 Bluejack Lane		
	St Augustine, FL 32095		
	 -		
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
	<u> </u>		
DECHIDED CICNATUDE.	11 0		
REQUIRED SIGNATURE:	N K		
H	4/		
Signature of a member or a	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)