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(Requestor's Name)
(Address)
(Address)
(0) (0) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

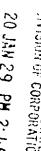




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COVER LETTER

ted Company)
ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
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) ⁴⁰²⁻⁶¹⁰²
(Daytime Telephone Number)
processed by this office must be payable in US
g Fees \$\Bigcup\$185.00 Filing Fees, py Certified Copy, and Certificate of Status
Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: Prosperity Venture Partners LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Prosperity Venture Partners LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
06/18/2018 on
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:
Prosperity Venture Partners 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 _23 day of January	20 20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	Title: Momber Manager
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Simony Flews	
Signature: Printed Name: R. Thomas Mayes	Title: Member Manager
•	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Timed Name.	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clarent of Chairman, Vice Chairman, Director, or Clarent of Chairman, Director, or Chairman, Directo	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

Articles of Conversion:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prosperity Venture Partners LLC		
(Must contain the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
451 Prairie Lake Cove	451 Prairie Lake Cove	
Altamonte Springs FL 32701	Altamonte Springs FL 32701	
APTICLE III Projectored Agent Project	tored Office & Desistand Agent's	?ianoturo:
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kathryn Auten Mayes	Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kathryn Auten Mayes	Registered Agent. You must designate an individu	SECULE LARY SECULE LARY SIVISION OF CO
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kathryn Auten Mayes 451 Prairie Lake Cove	Registered Agent. You must designate an individual the registered agent are: Name (P.O. Box NOT acceptable)	SECULIARY OF SIVISION OF CORPOR
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kathryn Auten Mayes 451 Prairie Lake Cove	Registered Agent. You must designate an individu	SECHELARY SIVISION OF CO

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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Kathryn Auten Mayes
WIGH	451 Prairie Lake Cove
	Altamonte Springs FL 32701
MGR	R. Thomas Mayes Jr
	451 Prairie Lake Cove
	Altamonte Springs FL 32701
	
(Has attackment if a common	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
LE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	2 De Mauxa
REQUIRED SIGNATURE:	ways
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	6

COVER LETTER

TO:	New Filing So Division of C				
CHDI		y Venture Partners LLC	,		
SUDJ.	EC1:	(Name of Res	sulting Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
Kathry	n Auten Mayes				
		(Contact Person)		_	
Prospe	rity Venture Par	tners LLC			
		(Firm/Company)		_	
451 Pr	airie Lake Cove				
	•	(Address)		_	
Altamo	nte Springs, FL	32701			
	((City, State and Zip Code)		_	
katie@	prosperityventu	repartners.com			
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fur	ther information	on concerning this ma	tter, please call:		
Kathryı	n Auten Mayes		_at (³³⁶	402-6	3102
	(Name of Conta	ct Person)	(Area Code	(Day	time Telephone Number)
dollars \$150 (\$25 for & \$125		or the following amou a bank located in the \$155.00 Filing Fees and Certificate of Status	United States)	g Fees	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 filling of the Articles of Conversion is:
Prosperity Venture Partners LLC (Enter Name of Other Business Entity)
· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a Prosperity Venture Partners LLC
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/18/2018 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:
Prosperity Venture Partners 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 <u>23</u> day of <u>January</u>	20 20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Kotta Printed Name: Kathryn Auten Mayes	Title: Member Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Signature: Printed Name: R. Thomas Mayes	Title: Member Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or G If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner.	Officer. corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na		
The name of the L	imited Liability Company	/ is:
Prosperity Venture I	Partners III C	
		ability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Ac	ddress:	
		e principal office of the Limited Liability Company is
Principal Office A	Address:	Mailing Address:
		454 Deside Labo Cours
451 Prairie Lake Co	ive	451 Prairie Lake Cove
ARTICLE III - R	Registered Agent, Registe	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registe	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registerompany cannot serve as its own Ractive Florida registration.)	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register tompany cannot serve as its own Ractive Florida registration.) Florida street address of tachtryn Auten Mayes	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register tompany cannot serve as its own Ractive Florida registration.) Florida street address of tachtryn Auten Mayes	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Reactive Florida registration.) Florida street address of to Kathryn Auten Mayes N 451 Prairie Lake Cove	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Reactive Florida registration.) Florida street address of to Kathryn Auten Mayes N 451 Prairie Lake Cove	Altamonte Springs FL 32701 ered Office, & Registered Agent's Signature: tegistered Agent. You must designate an individual or another the registered agent are: ame

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)

DIVISION OF CORPORATIONS

ARTICLE	1V-
7771	1

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kathryn Auten Mayes
	451 Prairie Lake Cove
	Altamonte Springs FL 32701
MGR	R. Thomas Mayes Jr
	451 Prairie Lake Cove
	Altamonte Springs FL 32701
(Use attachment if necessary)	
NEW OIL 11 16	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
(-	
A a so	has Mayes
•	•
Signature of a member or	an authorized representative of a member
	e with section 605.0203 (1) (b), Florida Statutes, I am aware ament to the Department of State constitutes a third degree fe
as provided for in s.817,155, F.S.	amend to the Department of State constitutes a third degree to

Kathryn Auten Mayes
Typed or printed name of signee

Filing Fees