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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

me of Resulting Florida Lin	mited Company)
	ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
oncerning this matter to):
on)	-
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annual report notifications))
this matter, please call	l:
at (⁷⁸¹	784-0672
(Area Cod) 784-0672 de) (Daytime Telephone Number)
	s processed by this office must be payable in US
ng Fees S180.00 Filir of and Certified C	
	Street Address:
	New Filing Section
	Division of Corporations The Centre of Tallahassee
	on, Articles of Organizamited Liability Comparation oncerning this matter to oncerning this matter to on) The Code of this matter, please called at (781 (Area Coding amount: (All checks of in the United States) The Code of this matter, please called on the United States of the United States of the Code of the United States of the United Stat

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: Preparedness, LLC
(Enter Name of Other Business Entity)
2. 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)
October 7, 2005 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:
Preparedness, 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.

Signed this 24th day of January	20 <u>20</u>
Signature of Authorized Representative of	/ //# / XX 17 223
Signature of Authorized Representative: Printed Name: Donald L. Schmldt	Title: Managing Member
Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)]
Signature: Shere Schmidt Printed Name: Shere S. Schmidt	Title: Member
Signature: Printed Name:	
Signature:	Tid
Printed Name:	·
Signature: Printed Name:	
rimed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Directors of Officers have not been selected,	or, or Officer.
	_
If Florida General Partnership or Limited L Signature of one General Partner.	iability Partnership:
If Florida Limited Partnership or Limited L Signatures of ALL General Partners.	iability Limited Partnership:
All others:	
Signature of an authorized person.	
Fecs:	
Articles of Conversion: Fees for Florida Articles of Organizati Certified Copy: Certificate of Status:	\$25.00 fon: \$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:

Preparedness, LLC			
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LL.C.")		
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Com	pany is	s:
Principal Office Address:	Mailing Address:		
565 Woodbridge Way	565 Woodbridge Way		
The Villages, Florida 32163	The Villages, Florida 32163		
	tered Office, & Registered Agent's Signature		<u></u>
	Registered Agent. You must designate an individual or another	20 FEB -3	SECRETARY SECRETARY JIVISON OF CO
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another	20 FEB -3	AUSO JO NOISIAIE JO ABYLJANJS GJAN J
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Sheryl S. Schmidt	Registered Agent. You must designate an individual or another	20 FEB -3 PM	SECRETARY OF STATES OF STA
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Sheryl S. Schmidt	Registered Agent. You must designate an individual or another the registered agent are:	20 FEB -3	SUBCIARY OF STATE
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Sheryl S. Schmidt 565 Woodbridge Way	Registered Agent. You must designate an individual or another the registered agent are:	20 FEB -3 PM	SUBCIARY OF STATE SUBCIARY OF STATE
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Sheryl S. Schmidt 565 Woodbridge Way	Registered Agent. You must designate an individual or another the registered agent are:	20 FEB -3 PM	SECRETARY OF STATE SECRETARY OF STATE

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)

ARTICLE IV-

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

Donald L. Schmidt 565 Woodbridge Way
565 Woodbridge Way
565 Woodbridge Way

The Villages, Florida 32163

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n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ent to the Department of State constitutes a third degree felo
n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ent to the Department of State constitutes a third degree felo

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)