(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**

Division of C			C .	₩.
SUBJECT: CARA	CCIA HOLDINGS, LLC			
	(Name of Re	sulting Florida Limited Con	npany)	
			d fees are submitted to c ccordance with s. 605.10	
Please return all corr	espondence concernin	g this matter to:		
BRANDON V. WOOD	WARD, ESQ			
	(Contact Person)			
WOODWARD, KELLE	Y, FULTON & KAPLAN			
	(Firm/Company)			
27 SE OCEAN BOULE	EVARD			
	(Address)			
STUART, FL 34994				
(1	City, State and Zip Code)			
HOUSEBUG@AOL.C	ОМ			
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
BRANDON V. WOOD	WARD, ESQ	31 (	7-6544	
(Name of Conta	act Person)	(Area Code) (Day	rtime Telephone Number)	
	for the following amou a bank located in the		sed by this office must be	e payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees. Certified Copy, and Certificate of Status	

### Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS11 (7/17)

#### **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 CARACCIA HOLDING CO.	is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (POG- EGETO)	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business to FLORIDA  First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)	
OCTOBER 30, 2009 on	,
(date of organization, formation or incorporation)	
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza         CARACCIA HOLDINGS, LLC     </li> </ol>	ition:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  (The effective date: Connect be prior to date of receipt on filed date non receipt and the connection of	- <b>f</b> 4
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days 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 a 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.



Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Sur Plan Title: MANAGER Printed Name: THOMAS L. CARACCIA Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Description Office Printed Name: THOMAS L. CARACCIA Title: INCORPORATOR Signature: Printed Name:\_\_\_\_\_\_\_Title:\_\_\_\_\_ Signature: Printed Name: Title: Signature: Printed Name:\_\_\_\_\_\_ Title:\_\_\_\_\_ Signature: Printed Name:\_\_\_\_\_ Title: Signature: Printed Name:\_\_\_\_ Title: 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. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CARACCIA HOLDINGS, LLC	
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4521 PGA BOULEVARD, #152	4521 PGA BOULEVARD, #152
PALM BEACH GARDENS, FL 33418	PALM BEACH GARDENS, FL 33418
business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address of th	egistered Agent. You must designate an individual or another
business entity with an active Florida registration.)  The name and the Florida street address of th  THOMAS L. CARACCIA	egistered Agent. You must designate an individual or another
business entity with an active Florida registration.)  The name and the Florida street address of th  THOMAS L. CARACCIA  Na	registered Agent. You must designate an individual or another are registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address of th  THOMAS L. CARACCIA  Na  4521 PGA BOULEVARD. #	registered Agent. You must designate an individual or another are registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address of th  THOMAS L. CARACCIA  Na  4521 PGA BOULEVARD. #	egistered Agent. You must designate an individual or another the registered agent are:  time  #152  P.O. Box NOT acceptable)
business entity with an active Florida registration.)  The name and the Florida street address of th  THOMAS L. CARACCIA  Na  4521 PGA BOULEVARD. #  Florida street address (P	registered Agent. You must designate an individual or another the registered agent are:  time  #152 P.O. Box NOT acceptable)

(CONTINUED)

#### ARTICLE IV-

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	THOMAS L. CARACCIA		
MGK	4521 PGA BOULEVARD, #152		
	PALM BEACH GARDENS, FL 33418		
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(Use attachment if necessary)	AM IO:		
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CLE V: Other provisions, if any.			
<del></del>	··-		
REQUIRED SIGNATURE:			
The state of the s	10.0.0.0.0.0		
and the second	Eller		
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		
<ul> <li>any taise information submitted in a docu</li> </ul>	ment to the Department of State constitutes a third degree felony		
as provided for in s.817.155 F.S.	ment to the population of State Constitutes a time degree felony		
as provided for in s.817.155, F.S. THOMAS L. CARACCIA	ment of the population of the control of the contro		

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)