# (2000)17642

(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:
<del></del>

Office Use Only



500342772645

04/05/20--01009--008 \*\*85.00

04/29/20--01020--008 \*\*115.0

2020 MPR 29 MH 6: 25



April 8, 2020

DEBRA NEDLAND 270 QUIET TRAIL DR. PORT ORANGE, FL 32128

SUBJECT: DEBRA'S OUTDOOR, INC.

Ref. Number: W20000035913

We have received your document for DEBRA'S OUTDOOR, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

find Check in amount of 11500 - of filing fee and correct

Jessica A Fason Regulatory Specialist II

Letter Number: 820A00007526

www.sunbiz.org

#### COVER LETTER

TO:	New Filing Se Division of Co				
SHR	HCT. DEBRAS	S OUTDOOR, LLC			
Ç (C IDA)	<u> </u>	(Name of Res	ulting Florida Limi	ted Com	ipany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
DEBF	RA A. NEDLAND				
		(Contact Person)		_	
DEBF	RA'S OUTDOOR,	LLC			
	<del></del>	(Firm Company)		_	
270 C	DUIET TRAIL DR.				
		(Address)		_	
POR	T ORANGE, FL 3	2128			
	((	City, State and Zip Code)		_	
DNE	DLAND@HOTMA	AIL.COM			
E-	mail Address: (to b	e used for future annual re	port notifications)	_	
For fi	urther information	on concerning this ma	tter, please call:		
DEBRA A. NEDLAND			_at ( <u>386</u>	690-9	
(Name of Contact Person)		et Person)	(Area Code	) (Day	time Telephone Number)
Enclo dolla	osed is a check f rs and drawn on	or the following amou a bank located in the	nt: (All checks United States)	process	sed by this office must be payable in US
(\$25 f & \$12	50,00 Filing Fees for Conversion (5 for Articles ganization)	□\$155,00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Co		☐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				New I Divisi The C	t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

### Articles of Conversion

For

#### "Other Business Entity"

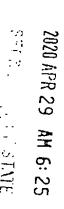
Into

#### Florida Limited Liability Company

The Articles of Conversion 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:  DEBRA'S OUTDOOR, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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 FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)
NOVEMBER 27, 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:
DEBRA'S OUTDOOR, LLC
(Enter Name of Florida Limited Liability Company)  4. If not effective on the date of filing, enter the effective date: 5-1-2020.
(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 28th day of APRIL	_20_70
Signature of Authorized Representative of Limi	ted Liability Company;
Signature of Authorized Representative:	Vivildan Title: Amba
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: 1	
Signature:Printed Name: RON ERMAN	Title: DIRECTOR
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Signature: Printed Name:	T'-1
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	
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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DEBRA'S OUTDOOR, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
	•
Principal Office Address:	Mailing Address:
270 QUIET TRAIL DR.	270 QUIET TRAIL DR.
PORT ORANGE, FL 32128	PORT ORANGE, FL 32128
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's Signature: ered Agent, You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
DEBRA A. NEDLAND	
Name	
270 QUIET TRAIL DR.	
Florida street address (P.O.	Box NOT acceptable)
PORT ORANGE	FI 32128
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	

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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				
AMBR	DEBRA A. NEDLAND			
<del></del>	270 QUIET TRAIL DR.			
	PORT ORANGE, FL 32128			
AMBR	RONALD K, ERMAN 270 QUIET TRAIL DR.			
	PORT ORANGE, FL 32128			
<del></del>				
(Use attachment if necessary)  ARTICLE V: Other provisions, if any. The purpose for which this company is former	d is for the transaction of any and all lawful purposes for which			
a limited liability company may be organized i	under the laws of the State of Florida			
REQUIRED SIGNATURE:	Aldland			
This document is executed in accorda	or an authorized representative of a member mee with section 605.0203 (1) (b), Florida Statutes. I am aware that occurrent to the Department of State constitutes a third degree felony			
DEBA	RA NEDLAND			
	Typed or printed name of signee			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

Filing Fees