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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

MAY 0 8 2020

T. SCOTT



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SECRETAN OF STATE

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TO: New Filing Son Division of C	orporations	ulting Florida Limited Com	ipany)	* * 	,,
		les of Organization, and ability Company" in ac			"Other
Please return all corre	espondence concerning	g this matter to:			
Donna	(Contact Person)	10			
	(Firm/Company)				
197 Asp	en Way				
Palm Co	City. State and Zip Code)	32137			
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	on concerning this mat				
Donna 1 (Name of Conta	Demeglio	at (386) 50	69-4433 time Telephone Number)	<u>)</u>	
	or the following amou a bank located in the l	nt: (All checks process United States)	sed by this office must	be payable	in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add	ress:	Street	Address:		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 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 filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (INC) 5-COP (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 - USA (Enter state, or if a non-U.S. entity, the name of the country)
on Formation or incorporation). (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Sea my Horse LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 4-26-20.
(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.
SECRETARY -4 SECRE

Signed this 26 day of Apri	_ 20 <u>Z O</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	J. Mario
Printed Name: Donna Demoglia	_ Title: manager
Signature(s) on babulf of Other Business Entities	
Signature(s) on behalf of Other Business Entity:	• •
Signature: Very W	
Signature: Megio Printed Name: Donna De moglia	Title: AS PRINTEDE
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Charatagas	
Signature:Printed Name:	Title:
Fillited (valie)	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Componetion.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
in the electric of the electric flat of the electric flat in	corporator mast sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All othors	
All others: Signature of an authorized person.	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: Sea My Horre LLC." (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C)
The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
197 Asix n Way Same as xinople faim Cast, FL 32131	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Special Put (PCA), A. Name 1840 Sw 22nd Stroot 4th Hoor Florida street address (P.O. Box NOT acceptable) City Zip	-
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 capacing. I further agree to comply with the provisions of a 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)	ıll T

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
mgr	Donna De Megro 197 Aspen Wary Palm Wast Fr 32137
(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Meal Meal	تسا

ARTICLE IV-

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)

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