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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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2020 APR 27 AM 7: 10 SEURITANA SERVISATI



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

MICHAEL LEMELIN 8202 MAYS AVE RIVERVIEW, FL 33578

SUBJECT: LEMELIN INVESTMENT GROUP, LLC

Ref. Number: W20000034717

We have received your document for LEMELIN INVESTMENT GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 420A00007225

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Lemelin Investment Group.	LLC	
(Name o	of Resulting Florida Limi	ted Company)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite		on, and fees are submitted to convert an "Other" in accordance with s. 605,1045, F.S.
Please return all correspondence conce	rning this matter to:	
Michael Lemelin		
(Contact Person)		-
Lemelin Investment Group, GP		
(Firm/Company)		-
8202 Mays Ave		
(Address)		-
Riverview FL 33578		
(City, State and Zip Co	ode)	-
madfusion1@yahoo.com		
E-mail Address: (to be used for future annu	ual report notifications)	-
For further information concerning this	s matter, please call:	
Michael Lemelin	at (<u>813</u>	₃ 763-7116
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in		processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	ees	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		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 and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with \$.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Lemelin Investment Group
(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.
First organized, formed or incorporated under the laws of
June 12, 2016 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: Lemelin Investment Group LLC (Enter Name of Florida Limited Liability Company)
(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.
ansament's criccure date on the Department of State Steedigs.
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 17	day of March	20	
Signature of Author	ized Representative	of Limited Eiability Compa	any.
	ted Representative:	Marchan	
Signature(s) on behal	If of Other Business	Entity: [See below for requir	ed signature(s)
Signature: Printed Name; Jeff Len	nelin -J	Title: Member	
Signature: Printed Name:		Title:	·
		Title:	
		Title:	
Signature: Printed Name:		Title:	
Signature:			
If Florida Corporation Signature of Chairman,	<u>n:</u> Vice Chairman, Direc		
If Florida General Par Signature of one General	tnership or Limited if Partner.	Liability Partnership:	
If Florida Limited Par Signatures of ALL Gen	tnership or Limited eral Partners.	Liability Limited Partnershi	<u>p:</u>
All others: Signature of an authoriz	ed person.		
Fees:		•	

\$25.00

\$125.00

\$30,00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	La	PROPERTY COMPANY
The name of the Limited Liability Company	is:	
Lemelin Investment Group, LLC (Must contain the words "Limited Liab	ulity Company, "L.L.C.," or "LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
8202 Mays Ave	8202 Mays Ave	
Riverview FL 33578	Riverview FL 33578	
The name and the Florida street address of the Jett Lemelin		
Nan	ne	
1513 Pinedale Medows Ct		
Florida street address (P.t	O. Box <u>NOT</u> acceptable)	
Plant City	FL ³³⁵⁶³	
City	Zip	
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby a city. I further agree to com performance of my duiws	accept the appointment as uply with the provisions of all and familiar with and

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	
ANIDK	Jeff Lemelin
	1513 Pinedale Medows Ct
	Plant City FL 33563
AMBR	Michael Lemelin
	8202 Mays Ave
	·
	Riverview FL 33578
	<u> </u>
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any. Jeff Lemelin 50% ownership	
Michael Lemelin 50% ownership	
REQUIRED STONATURE:	
1	
	rethern of temples int.
	SELVENTY TOUSETON SALE
Signature of a month of	and the state of t
This document is executed in accordance w	a authorized representative of a member ith section 605,0203 (1) (b). Florida Statutes, I am aware that
any false information submitted in a docume	ant to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	onantaes a fino degree retory
1-00	`
JEEFER TO TEV	d or printed name of signee
7 1700	ar or prince 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)