L20000164405

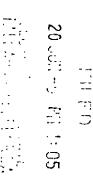
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
		
		
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C	G G			
CIID	JECT: Sons of	•			·
SUD	JEC1		sulting Florida Limit	ed Cor	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Antho	ony Morales				
		(Contact Person)		•	
MyUS	SAcorporation.co	m			
		(Firm/Company)			
1 Rad	disson Plaza, Sui	te 800			
		(Address)			
New	Rochelle, NY 108	,			
HEW	· · · · · · · · · · · · · · · · · · ·				
info@	ر) sonsoffall.com)	City, State and Zip Code)			
		oe used for future annual re	nort natifications)		
D-1	man Address, (to b	be used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
Antho	ony Morales		_at (330-	2677
	(Name of Conta	act Person)		(Day	rtime Telephone Number)
		for the following amou a bank located in the		roces:	sed by this office must be payable in US
(\$25 fo	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

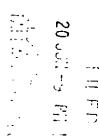
Articles of Conversion

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 \$:605.1645, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Sons of Fall 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)
10/06/2018 on
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:
Sons of Fall 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.)
<u>Note:</u> 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 th	nis 2nd	day of June	_ 20		
Signatur	e of Authoriz	zed Representative of Limit	ed Liability Company:		
Signature Printed N	e of Authorize lame: <u>Brian He</u> l	ed Representative: Brian	Henley Title: Member	-	
Signatur	e(s) on behalf	of Other Business Entity: [See below for required signature(s)		
Signature	Brian ;	Henley	Title: Member	_	
Printed N	lame: Brian He	nley 0	Title: Member	-	
Signature	Joel Port		Title: Member	_	
				-	
Signature	: Paul L	auver	Title: Member	_	
Printed N	lame: Paul Law	ver	Title: Member	_	
Signature	: Travis Gla	ssman		_	
Printed N	lame: Travis Gl	assman	Title: Member	-	
Signature	::			_	
Printed N	lame:		_ Title:	_	
Signature	::		Title:	:	د
Printed N	lame:		Title:	70 00.	,
Signature		n: Vice Chairman, Director, or Chave not been selected, an Inc			•
II Direction	ns or officers	nave not occir selected, an inc	orporator must sign.		-
	a General Par of one Genera	r <mark>tnership or Limited Liabilit</mark> al Partner.	y Partnership:	;; · · · · · ·	-
	a Limited Par es of <u>ALL</u> Gen	tnership or Limited Liabilit eral Partners.	y Limited Partnership:		
All other Signature	s: of an authoriz	zed person.			
Fees:					
F C	rticles of Conees for Floridates for Floridates for Entitled Copy ertificate of S	a Articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR	(FEORIDA EL MITED ELA			7111
ARTICLE I - Name: The name of the Limited Liability Company	y is:			
Sons of Fall LLC	ability Company, "L.L.C.," or "LLC.")			
(Musi contain the words Thintee Ch	admity company, E.E.C., or EEC.)			
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limite	d Liability	Compa	any is:
Principal Office Address:	Mailing Address:			
6061 Sandhill Ridge Dr.	6061 Sandhill Ridge Dr.			
Lithia, FL 33547	Lithia, FL 33547		_	
			_	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an	ent's Signa individual or a	iture: nother	
Incorp Services, Inc				
	ime			
17888 67th Court North				
·	O. Box NOT acceptable)			•
Loxahatchee	33470			
City	FL Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as the Registered Agent's Si	I in this certificate, I hereby according to the complete performance of my duties, are registered agent as provided for the complete performance of my duties, are gistered agent as provided for the complete performance (REQUIRED)	ept the app y with the p nd I am fam	pointm provisi piliar w	ent as ons of all vith and
		; ; ; ;	5	

ARTICLE IV-

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	Brian Henley		
AMDIA	6061 Sandhill Ridge Dr.		_
	Lithia, FL 33547		_
AMBR	Joel Port		
	1109 Bayberry Ln.		_
	Hanover, MD 21076		_
			r
AMBR	Paul Lawver		_ <
	103 Highland Dr.	:-	_ ?
	Elkton, MD 21921		
	· · · · · · · · · · · · · · · · · · ·	:	_ \
AMBR	Travis Glassman	•	_ :
	1047 Country Rd. 25		
	Colby, KS 67701	<u> </u>	
		7.	_
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
DEL V. Other provisions, if any.			
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE.			
Brian Henley			
· war ; terring		-	_
Signature of a member or	an authorized representative of a	mamhar	
Signature of a member of		utes. I am aware	

as provided for in s.817.155, F.S.

Brian Henley - Member

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)