L20000172023

(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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Filing Cover Sheet

To: Florida Division	of Cor	porations
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 6/25/2020

Trans#: 1131843

Entity Name: LUCEY UNLIMITED LLC (OR) CONVERTING INTO LUCEY UNLIMITED; LLG-

Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	

STATE FEES PREPAID WITH CHECK#1839 FOR \$180.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

Articles of Conversion

l·or

"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: LUCEY UNLIMITED 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 OREGON (Enter state, or if a non-U.S. entity, the name of the country)
on <u>DECEMBER 28, 2018</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LUCEY UNLIMITED 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.) 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.



Signature of Authorized Representative:	Marianna R. Seiler
Printed Name: Marianna R Seiler, Esq	Title: Authorized Representati
Signature(s) on behalf of Other Business En	nity: See below for required signature(s
c. Kimboolu / 110011	
Signature: Kimberly Lucey Printed Name: Kimberly Lucey	Title: Manager
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rinted Name;	Tine
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Printed Name:	Title:
Printed Name:	Title:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct	Title:tor, or Officer.
Printed Name:	Title:tor, or Officer.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected. If Florida General Partnership or Limited.	Title:tor, or Officer.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected. If Florida General Partnership or Limited.	Title:tor, or Officer an Incorporator must sign.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner.	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected. If Florida General Partnership or Limited.	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners.	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners. All others:	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners.	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners. All others: Signature of an authorized person.	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Title: tor, or Officer an Incorporator must sign. Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	Title: tor, or Officer. an Incorporator must sign. Liability Partnership: Liability Limited Partnership: \$25,00
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected If Florida General Partnership or Limited I Signature of one General Partner. If Florida Limited Partnership or Limited I Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Title: tor, or Officer. l, an Incorporator must sign. Liability Partnership: Liability Limited Partnership: \$25.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LUCEY UNLIMITED LLC (Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Aailing Address:
APT 8	SAME
FT LAUDERDALE, FL 33301	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regi	stered agent are:
MARIANNA R SEI	LER, ESQ
Name	
110 SE 6TH STREET. Florida street address (P.O. Bo	
FORT LAUDERDALE City	FL 33301 Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete pery	exept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of a formance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S

(CONTINUED)

Marianna R. Seiler Registered Agent's Signature (REQUIRED) 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	Kimberly Lucey
MGR	110 N FEDERAL HWY
	APT 8
	FT LAUDERDALE, FL 33301
	
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
7.4	251
Mar	rianna R. Seiler
	an authorized vanyagentative of a mambar
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that
any false information submitted in a docu-	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	

Marianna R Seiler, Esq. Authorized Representative

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)