

L200000179694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2020 JUN 26 PM 9:09  
SECRET  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 26 PM 4:

June 8, 2020

PETER RYAN  
4228 53RD AVE W 2408  
BRADENTON, FL 34210

*24007 Madaca Lane Unit 201  
Port Charlotte, FL 33954*

SUBJECT: GENUINE CHOICE LOCAL LLC  
Ref. Number: W20000056759

We have received your document for GENUINE CHOICE LOCAL LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

PLEASE REMOVE ALL REFFRENCES TO "OWNER" IN THE DOCUMENT.

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: 620A00011231

*Dear Kenya Page:*

*Please Note the address should be:*

*24007 Madaca Lane  
Unit 201  
Port Charlotte, FL 33954*

*That address is for all instances in this filing.*

*Thank you,*

*Pete Ryan (MGRM)* [www.sunbiz.org](http://www.sunbiz.org)

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Genuine Choice Local LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Peter Ryan

(Contact Person)

Genuine Choice Local LLC

(Firm/Company)

24007 Madaca Lane Unit 201

(Address)

Port Charlotte, FL 33954

(City, State and Zip Code)

Peter.GenuineChoiceLocal@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Peter Ryan

(Name of Contact Person)

at ( 262 ) 894-6360

(Area Code) (Daytime Telephone Number)

enclosed is a check for the following amount: (All checks processed by this office must be payable in US Dollars and drawn on a bank located in the United States)

\$150.00 Filing Fees  
for Conversion  
25 for Articles  
(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 Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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 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:  
Genuine Choice Local LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Wisconsin  
(Enter state, or if a non-U.S. entity, the name of the country)

on 09/01/2016  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Genuine Choice Local LLC

(Enter Name of Florida Limited Liability Company)

If not effective on the date of filing, enter the effective date: June 22, 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.)**

**g:** 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.

he plan of conversion has been approved in accordance with all applicable statutes.

he "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.

**FILED**  
2020 JUN 26 PM 9:10  
STATE OF FLORIDA  
TALLAHASSEE, FL

Signed this 22nd day of June 2020 20

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Peter Ryan

Printed Name: Peter Ryan Title: MGRM

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Peter Ryan

Printed Name: Peter Ryan Title: MGRM

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Others:**

Signature of an authorized person.

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**FILED**  
2020 JUN 26 PM 9:10  
STATE OF FLORIDA  
TALLAHASSEE, FL

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Genuine Choice Local LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

24007 Madaca Lane

Unit 201

Port Charlotte, FL 33954

### Mailing Address:

24007 Madaca Lane

Unit 201

Port Charlotte, FL 33954

## 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:

Peter Ryan

Name

24007 Madaca Lane Unit 201

Florida street address (P.O. Box **NOT** acceptable)

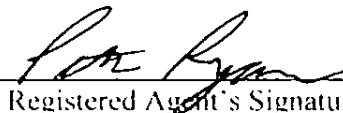
Port Charlotte

FL 33954

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 capacity. I further agree to comply with the provisions of all 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)

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2020 JUN 26 PM 9:10  
SOUTH FLORIDA  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

**Name and Address:**

Peter Ryan

24007 Madaca Lane Unit 201

Port Charlotte, FL 33954

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(Use attachment if necessary)


**ARTICLE V: Other provisions, if any.**

**THIS SECTION INTENTIONALLY LEFT BLANK**

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

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

Peter Ryan

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)**

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JUN 26 PM 9:10  
TALLAHASSEE, FL