0000226414

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	± #)
PICK-UP	☐ WAIT	MAIL
(8)	Business Entity Nan	ne)
(C	Occument Number)	
ertified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



100347762281

1 7 0 3520

r = 139

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:		8/5/2020	NIII
			Acc#I20160000072	4: DW
Name:	SEAH	ORSE (CAPITAL PARTNER	S
Document #:				
Order #:	13150	1441		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination: Number of Certs:	
Filing: 🗸	Pl	ertified: ain: DGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Ar	mount: \$	180.00	

COVER LETTER

Division of Co				
SURIFCT: Seaho	rse Capital Partners, L	.LC		
Bondice C.	(Name of Res	ulting Florida Limited	d Company)	
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization ability Company"	on, and fees are submitted to convert an in accordance with s. 605.1045, F.S.	."Other
Please return all corre	espondence concerning	g this matter to:		
	(Contact Person)			
	(Firm/Company)			
	(Address)			
((City, State and Zip Code)			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
	. <u> </u>	at ()) (Daytime Telephone Number)	
(Name of Conta	nct Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check to dollars and drawn on	for the following amound a bank located in the	int: (All checks pr United States)	rocessed by this office must be payable	in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐S180.00 Filing F and Certified Copy		
Mailing Add New Filing S Division of C P.O. Box 632	Section Corporations	ì	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314

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. Floric Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
SEAHORSE CAPITAL PARTNERS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
On January 16, 2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Seahorse Capital Partners, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: August 5, 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.)
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.



Signed this	4th	_ day of	August	20 <u>20</u> .	
				ited Liability Company:	
Signature of	: Authoris	ed Represen	tative:	Tiday Manayur	
Printed Nam	e: Nicola	s D. Calle W	ard	Title: Manager	
Signature(s)) on be <u>ha</u>	<u>lf of Other B</u>	usiness Entity:	[See below for required signatur	e(s)]
Signature		and o		=	
Printed Nam	e: Nicola	s D. Calle		Title: Director	
Signature: _				Title:	
Printed Nam	e:			Little:	
Signature:					
Printed Nam	e:			_ Title:	
Signature: _				Title:	
Printed Nam	e:			1 tue	
Signature:					
Printed Nam	e:			Title:	-
Signature: _	۵۰			Title:	
Timed (vain					
If Florida C					
			nan, Director, or		
If Directors	or Officer	s have not be	en selected, an In	corporator must sign.	
If Florida G	encral Pa	artnership o	Limited Liabili	ty Partnership:	
Signature of	one Gene	ral Partner.			
		<u>artnership or</u> meral Partner		ty Limited Partnership:	
Signatures o	I WELL OR	merai Faither	3.		
All others:					
Signature of	an author	ized person.			
Fees:					
Artic	ales of Co	onversion:		\$25.00	
			f Organization:	\$125.00	
	ificd Cop			\$30.00 (Optional)	
	ificate of	•		\$5.00 (Optional)	

.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sacharea Conita	I Dortners III C			
Seahorse Capita	Aust contain the words "Limited Lis	ability Company, "	L.L.C.," or "LLC.")	···
•••		, ,		
ARTICLE II - A The mailing addre	Address: ess and street address of th	e principal off	ice of the Limit	ed Liability Company is:
Principal Office	Address:	<u>Mailing</u>	Address:	
12917 MIZNEF	RWAY	12917 <u>N</u>	MIZNER WAY	
WELLINGTON	N. FL 33414	WELLI	NGTON, FL 33	414
	<u> </u>	·		
The name and the	e Florida street address of t	ha manistamad r	ngent are:	
	C T Corporation Syst			
	C T Corporation Syst	em Iame		
	C T Corporation Syst	em Iame oad		
	C T Corporation Syst N 1200 S. Pine Island R	em Iame oad		
	C T Corporation Syst N 1200 S. Pine Island R Florida street address (em lame oad P.O. Box <u>NO</u>	<u>T</u> acceptable)	

(CONTINUED)

Madonna Cuddihy, Assistant Secretary

****	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerMGR	Nicolas D. Calle Ward 12917 Mizner Way Wellington, FL 33414
(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155. F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony colas D. Calle Ward
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155. F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability

Company: