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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(- , , , , ,	
PICK-UP WAIT MA	IL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

8/18/20

NAME: CAMELLOT GUEST SERVICES, LLC

TYPE OF FILING: CONVERSION

COST:

155.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE a Hodge

TO: New Filing Section

COVER LETTER

Division of C	orporations			
SUBJECT: Camell	ot Guest Services,	LLC		
SOBOLC 1.		ulting Florida Limite	d Compa	my)
		_		fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Susan B. Ezell				
	(Contact Person)			
Ward and Smith, I	P.A.			
	(Firm/Company)			
Post Office Box 86	67			
	(Address)			
New Bern, NC 285	563-0867			
	City, State and Zip Code)			
sbe@wardandsmi	th.com			
	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Susan B. Ezell		at (252)	672-5	526
(Name of Conta	ct Person)			ne Telephone Number)
	or the following amou a bank located in the	•	ocessec	d by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy	• (□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addi New Filing Se				Address: ling Section
Division of C				n of Corporations
P.O. Box 632		7	Γhe Cer	ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED 2020 AUG 18 AM 8: 31 SECRETARY OF STATE TALLAHASSEE, FL

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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CamelLot Guest Services, 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 North Carolina
(Enter state, or if a non-U.S. entity, the name of the country)
on July 21, 2020 .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CamelLot Guest Services, 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.

Signed this 14th day of August	20 20		
Signature of Authorized Representative of Ling	ited Liability Company:		
Signature of Authorized Representative: Printed Name: Travis M. Burt	M B D DOSCIOSADS IVIAIIAger		
Signature(s) and habit of Other Business Entity: Signature: Printed Name: I avis ivi. Duit	[See below for required signature(s)]		
Printed Name: I ravis ivi. Buit	Title: Manager		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:			
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.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:		
CamelLot Guest Services, LLC			
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	oility Company is:	
Principal Office Address:	Mailing Address:		
8802 Sound View Court Emerald Isle, NC 28594	Post Office Box 4936 Emerald Isle, NC 28594		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regiousiness entity with an active Florida registration.) The name and the Florida street address of the Region Incorporates	gistered Agent. You must designate an individu	al or another SECR	
Paracorp Incorporated Name		\$5 B	
155 Office Plaza Drive, 1st Floor Florida street address (P.O. Box NOT acceptable)		AM E	
Tallahassee	FL 32301	FL FL	
City	Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	l in this certificate, I hereby accept th acity. I further agree to comply with te performance of my duties, and I an	ne appointment as the provisions of all n familiar with and	
<u>See attached</u> Registered Agent's Si	ignature (REQUIRED)		

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	Travis M. Burt Post Office Box 4936 Emerald Isle, NC 28594	
		SECRETARY OF S
(Use attachment if necessary)		OF STATE
ARTICLE V: Other provisions, if any.		
REOURED 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.

Travis M. Burt, Manager

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/17/2020

ENTITY NAME: CamelLot Guest Services, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated