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## COVER LETTER

Division of C			
SUBJECT:	Spyker (Name of Res	Swim LL Julting Florida Limited Con	npany)
			d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all corre	espondence concerning	g this matter to:	·
Ryan	(Contact Person)		
9 Fa	(Firm/Company)	1.	
Miani	Beath, F	7L 33139	
7	Sty, State and Zip Code)  Spyker: e used for future annual rep	Swim.am	
For further information (Name of Conta	on concerning this material MUL <sub>1</sub> Multiple (1) (ct Person)	tter, please call; _at ( <u>(Area Code)</u> (Day	no5 2910 rtime Telephone Number)
	or the following amou a bank located in the l		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of 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
Maritim a Aldal		6.	

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 <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:
Spyker Swa LCC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Nw York State (Enter state, or if a non-U.S. entity, the name of the country)
on O5 61 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  South Swim 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 day of	20_20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative Frinted Name: Ryan MyKin Kin	Title: Owner
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: MI	Title: registered agent/owner
Printed Name Kyan Makin Ly	Title: registered agent/owner
Signature:	$\mathcal{J}$
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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Signature:Printed Name:	Title:
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If Florida Corporation:	200
Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc	
in Directors of Officers have not been selected, an me	orporator intist sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership;
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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 is:		
Must contain the words "Limited Liability Company, "L.L.C.," or "I.I.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is	<b>5</b> :
Principal Office Address: Mailing Address:		
9 Farrey Ln. 9 Farrey Ln. Miani Beach, FL 33139		
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.)	20	.:
The name and the Florida street address of the registered agent are:	Ţ Ħ	
Ryan MK, sley	20 JUI. 23	<u>e</u> ,,
9 Farrey Lane	AH 9: 00	- 三     数:
Florida street address (P.O. Box NOT acceptable)	00	3 3 1 1 da
Many Beach FL 33139		
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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
- P. C	Man Beach, FL 33
(Use attachment if necessary)	
(Use attachment if necessary)	
·	
(Use attachment if necessary)  CLE V: Other provisions, if any,	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an audiorized réprésentative of à mémber with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any talse information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any talse information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware th

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

ARTICLE IV-

Company: