# 120062

| (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: |
|   |
|   |
|   |
| W2000080158                             |

Office Use Only



400347394214

07/07/20--010/1--01/ \*\*150.00

ALLAHASSEE, FLORIO

### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2020

BETH SLOAN-JOHNSON 4080 SE 44TH ST OCALA, FL 34480

SUBJECT: BUILDS BY BETH LLC Ref. Number: W20000080158

2020 AUG 27 AM 1:58

We have received your document for BUILDS BY BETH 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 020A00014049동

PH 3: 29

### **COVER LETTER**

| <b>TO:</b> New Filing S Division of C  |   |  |  |           |         |       |
|--|---|--|--|-----------|---------|-------|
| SUBJECT:   | Builds by   | Beth LL sulting Florida Limited Con                              | npany)   |           |         |       |
| Business Entity" into  | •   | les of Organization, an iability Company" in a g this matter to: |  |           |         | Other |
| E-mail Address: (to h  | (Address)  (Address)  (Address)  (Address)  (City, State and Zip Code)  (City, State and Zip Code)  (City State and Zip Code)  (Address)  (Address)  (Address) | port notifications)  tter, please call:  2 at (317 )             | 16-2184<br>rtime Telephone Number)                                     |           |         |       |
|  | or the following amou<br>a bank located in the  | int: (All checks process<br>United States)                       | sed by this office must  | t be paya | able in | US    |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status   | □\$180.00 Filing Fees and Certified Copy                         | □\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |           |         |       |
| Mailing Add New Filing S Division of C   | ection  | New I  | t Address: Filing Section  |           |         |       |

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## **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:  Bolds by Beth LLC.   |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.   |
| 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 <u>June 20, 2020</u><br>(date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| Builds by Beth LLC   |
| (Enter Name of Florida Limited Liability Company)  |
| 4. If not effective on the date of filing, enter the effective date: <u>JUNE JUB</u> (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.

P20000474

| Signed this 2nd day of July 20 20.   |             |
|--|-------------|
| Signature of Authorized Representative of Limited Liability Company:   |             |
| Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: Beth Sloan-Johnson Title: President  | -           |
| Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]   |             |
| Signature: Local Control Contr | _           |
| Printed Name: Both Sloan - Johnson Title: President  | 702<br>7A   |
| Signature:   | 2020 AUG 27 |
| Signature: Title:  | )G 2        |
|  | ح ربا       |
| Signature: Title:  | - F. 폭      |
|  | ⊊ে ••       |
| Signature:   | - RED 58    |
| Printed Name: Title:   | م.<br>مرب   |
| Signature:   |             |
| Signature:   | -<br>-      |
|  |             |
| Signature: Title:  | -           |
| Timed Numer.   | -           |
| If Florida Corporation:  |             |
| Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.   |             |
| If Directors of Officers have not been selected, an incorporator must sign.  |             |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.   |             |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.   |             |
| All others: Signature of an authorized person.   |             |
| <u>Fees:</u>   |             |

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

| (Must contain the worlds "Limited Lia  ARTICLE II - Address:                            | bility Company, "L.L.C.," or "LLC.")  |   |                    |
|---|---|---|--------------------|
| The mailing address and street address of the   | e principal office of the Limited   | l Liability Compan                        | ıy is:             |
| Principal Office Address:   | <b>Mailing Address:</b>   |   |                    |
| 4080 SE 44th St.<br>Ocala, FL 34480   | 4080 SE 44+1<br>Ocala, FL 3448  | <u>5</u>                                  |                    |
| 4080 SE   | registered Agent. You must designate an in the registered agent are:  YOUNGON  The State of the | ndividual or another 2820 AUG 27 AM 1: 58 | limited            |
| liability company at the place designated registered agent and agree to act in this cap | d in this certificate. I hereby acc   | ept the appointment with the provision.   | nt as<br>ns of all |

(CONTINUED)

| _ |    |    | -      |     |
|---|----|----|--------|-----|
| A | RT | 1( | I., H∵ | IV- |

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address:  |
|--|--|
| "MGR" = Manager<br>President             | Beth Sloan-Johnson<br>4080 SE 44th St.<br>Ocala, FL 34480  |
|  |  |
|  | PALLA  |
|  | AUG 27 L   |
|  | FE 38  |
| (Use attachment if necessary)            | ₩  |
| CLE V: Other provisions, if any.         |  |
|  |  |
| REQUIRED SIGNATURE:                      | John   |
| 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 ment to the Department of State constitutes a third degree felony |
| Beth Sloa                                | n-Johnson  |
| Ty                                       | ped 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)