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(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing S Division of C	Section Corporations			
	, MONT ROSE ORGANIC	S, LLC		
SUBJECT:		sulting Florida Limit	ed Com	pany)
		_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:		
Deborah Hogan				
	(Contact Person)		•	
The Hogan Law Firm				
	(Firm/Company)			
20 So. Broad Street				
	(Address)			
Propkavilla El 24601	· · · · · ·			
Brooksville, FL 34601				
	(City, State and Zip Code)			
registeredagents@ho	<u> </u>			
h-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
Deborah Hogan		_at (³⁵²	799-8	423
(Name of Con-	tact Person)	(Area Code)	(Dayı	ime Telephone Number)
	for the following amound a bank located in the	· · · · · · · · · · · · · · · · · · ·	rocess	ed 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 and Certified Cop		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Add	<u>iress:</u>		Street	Address:
New Filing :				iling Section
Division of 6 P.O. Box 63	Corporations			on of Corporations entre of Tallahassee
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



May 13, 2020

DEBORAH HOGAN 20 S. BROAD ST BROOKSVILLE, FL 34601

SUBJECT: WOODMONT ROSE ORGANICS, LLC

Ref. Number: W20000047027

We have received your document for WOODMONT ROSE ORGANICS, 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):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

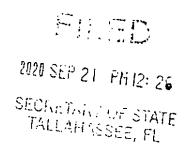
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

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Letter Number: 520A00009729



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.

WOODMONT ROSE ORGANICS, 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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
08/21/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
WOODMONT ROSE ORGANICS, 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.

	s om	_ day of <u>iviarch</u>		2020
Signature	of Author	ized Representative	of Limite	ed Liability Company:
Signature Printed Na	of Authoriz me: <u>Linda M</u>	ed Representative: _ ontero	Xu	nderm has (eld) Title: Manager
Signature	(s) on behal	f of Other Business	Entity: Şe	ee below for required signature(s)
Signature:		Linach	Mas	ll:
Printed Na	me: Linda M	ontero /		Title: Member
Signature: Printed Na	 me:			Title:
Printed Na	me:			Title:
Signature. Printed Na	 me:		······································	Title:
Signature: Printed Na	me:			Title:
Signature:				Title:
Timed Ita				Title:
Signature o	Corporation of Chairman, sor Officers	n: Vice Chairman, Dire have not been selecte	ector, or Offed, an Incor	fficer. rporator must sign.
<u>If Florida</u> Signature o	General Pa f one Gener	rtnership or Limited al Partner,	Liability I	Partnership:
<u>If Ftorida</u> Signatures	<u>Limited Par</u> of <u>ALL</u> Ger	rtnership or Limited eral Parmers.	Liability I	Limited Partnership:
<u>All others:</u> Signature o	f an authoriz	zed person.		
Fees:				
Fee Cer	icles of Cons for Floridatified Copy	a Articles of Organiz	ation: \$	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WOODMONT ROSE ORGANICS, LLC (Must contain the words "Limited Liabil		
ARTICLE II - Address: The mailing address and street address of the p	nincipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
669 Farragut Court	669 Farragut Court	
Spring Hill, FL 34609	Spring Hill, FL 34609	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.) The name and the Florida street address of the The Hogan Law Firm Nam	registered agent are:	al or another 2020 SEP 21 TALLATAS
20 So. Broad Street Florida street address (P.C	Poy NOT acceptable	Po N
Brooksville	FL 34601	PHIZ: 26 OF STATE SEE, FL
City	Zip	• •
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as reg	n this certificate, I hereby accept the ity. I further agree to comply with performance of my duties, and Lam	e appointment as the provisions of all of amiliar with and

Registered Agent's Signature (REQUIRED)
DEBORAH HOGAN, ESQ.

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Linda Montero
	669 Farragut Court
	Spring Hill, FL 34609
(Use attachment if necessary)	
· · · · · · · · · · · · · · · · · · ·	
LE V: Other provisions, if any.	
22 v. Onto provisions, it any.	
REQUIRED SIGNATURE:	•
0	Inde Masko
	MAG VMA-ACO
Signature of a member or a	n authorized representative of a member
	with section 605.0203 (1) (b). Florida Statutes. I am aware tent to the Department of State constitutes a third degree fe

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)

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

ARTICLE IV-