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| PICK-UP                   | ☐ WAIT              | MAIL     |
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| Certified Copies          | Certificates of     | f Status |
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| Special Instructions to I | Filing Officer:     |          |
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Office Use Only



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## COVER LETTER

| Division of Corporations  |
|---|
| SUBJECT: THE GW MAYEN LLC  (Name of Resulting Florida Limited Company)  |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.                                   |
| Please return all correspondence concerning this matter to:   |
| JASW ANDERSON (Contact Person)  |
| THE GUN MAVEN, LLC  |
| (Contact Person)  THE GUN MAVEN, CCC  (Firm/Company)  4138 53 RD AVE W APT 204  (Address)  BRADENTON, FL 34219  (City, State and Zip Code)  |
| BRADENTON, FL 34215 (City, State and Zip Code)  |
| E-mail Address: (to be used for future annual report notifications)   |
| For further information concerning this matter, please call:  |
| TASON ANDERSON at (G12) 432-\$159 (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  |
| \$150,00 Filing Fees (\$25 for Conversion & Status of Organization)  \$\int \frac{155,00}{2}\$ Filing Fees and Certified Copy and Certificate of Status  \$\int \frac{15185,00}{2}\$ Filing Fees and Certified Copy and Certificate of Status |
| Mailing Address: Street Address:  |

New Filing Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section

### **Articles of Conversion**

For

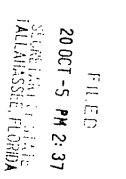
#### "Other Business Entity"

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:  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a THE GUN MAVEN, LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of MINICOTA  |
| on 10/25/2018  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  THE GUN MANEN (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 30 day of SOFTEMBER  | <u>- 20 20                                </u> |
|--|--|
| Signature of Authorized Representative of Limit  | 1 / 1  |
| Signature of Authorized Representative:  Printed Name: SAS: AND CASS AND CA | J. Andrews                                     |
| Signature(s) on behalf of Other Business Entity: 1   | See below for required signature(s)]           |
| Signature: June Modern Printed Name SASSN ANDERSON   | •  |
| Printed Name SASSN ANDERSON  | Title: PRESIDENT                               |
| Signature:   |  |
| Printed Name:  |  |
| Signature:   |  |
| Printed Name:  | Title:   |
| Signature:   |  |
| Printed Name:  | Title:   |
| Signature:   | T'd  |
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| Signature:Printed Name:  |  |
| Frinted Name.  | 11(1e  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation   | Officer  |
| If Directors or Officers have not been selected, an Inc  |  |
| If Florida General Partnership or Limited Liabili  | ty Partnership:                                |
| Signature of one General Partner.  | A  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  | ty Limited Partnership:                        |
| All others: Signature of an authorized person.   |  |
| <u>Fees:</u>   |  |
| Articles of Conversion:  | \$25.00  |
| Fees for Florida Articles of Organization: Certified Copy:   | \$125,00<br>\$30,00 (Optional)                 |
| Certificate of Status:   | \$5.00 (Optional)                              |

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |   |
|---|---|
| The name of the Limited Liability Company is:                   |   |
|   |   |
|   |   |
| THE GON MAVEN, LLC  |   |
| (Must contain the words "Limited Liability                      | Company, "L.L.C.," or "LLC.")                       |
| •   | ,   |
| ARTICLE II - Address:   |   |
|   | ncipal office of the Limited Liability Company is:  |
| The manning address and street address of the pin               | nerpar office of the Ellinted Liability Company is. |
| Duinales LOCCian Addison  | N.E. (12  |
| Principal Office Address:                                       | Mailing Address:                                    |
| 4458 C>11 N.E. 11   | = 1 (   |
| 4108 53RD AVE W   | - Jank  |
|   |   |
| BRADENION, FL 34210   |   |
| ·   |   |
| ARTICLE III - Registered Agent, Registered                      | Office, & Registered Agent's Signature:             |
| (The Limited Liability Company cannot serve as its own Register |   |
| business entity with an active Florida registration.)           |   |
| The control of the control of                                   | •   |
| The name and the Florida street address of the re               | gustered agent are:                                 |

e Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

RADENTON

FL 34210

City FL 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)

| A | RT | CI | E. | IV. |
|---|----|----|----|-----|
|   |    |    |    |     |

• \* • · · · · · ·

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

| Title:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager     |  |
| RESIDENT                                       | JASON ANDERSON   |
|  | 4158 53RD AVE W APT 20   |
|  | PRADENTON FL 34216   |
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| (Use attachment if necessary)                  | <b>&gt;</b> 4  |
|  |  |
| EIGLE V. Odmanasiainas ifama                   |  |
| TICLE V: Other provisions, if any.  BUSINESS A | ( DBA): TEM LLC  |
| 131/28 ESCHESS !!                              |  |
|  |  |
|  |  |
| <u>REQUIRED</u> SIGNATURE:                     |  |
|  | A.   |
| John J. Whan                                   | my   |
| a: ( )   |  |
| Signature of a member or                       | an authorized representative of a member   |
| any false information submitted in a docu      | with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony |
| as provided for in \$.817,155, F.S.            | ment to the Department of State constitutes a time degree relong   |
| JASAN AND                                      | ped or printed name of signee  |
| Ту   | ped or printed name of signee  |
| -  | Filing Fees  |
| \$125.00 Filing Fee for Articles of            | ruing rees   |

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