# L20000338034

(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.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: New Filing So				
Division of C SUBJECT:	ntury	JUNS POV	tation	LL C
		les of Organization, an ability Company" in a		
Please return all corre	espondence concerning	g this matter to:		
Curtis Century 2110 Col	Contact Person)  Van Spor  (Firm/Company)  On a Je  (Address)	tapion 51. 4453		
Chown	City, State and Zip Code)  6 26 26  e used for future annual rep	gmes. (	om	
For further information	on concerning this mat	ter, please call:		
(Name of Conta	ct Person)	at (352) O (Day	rtime Telephone Number)	<u></u>
	or the following amou a bank located in the l	nt: (All checks process United States)	sed by this office mus	t 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	Certified Copy, and Certificate of Status	
Mailing Add	-		t Address:	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## Articles of Conversion

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

SECRETARY OF STATE TALLAHASSEE, FL

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:

(EnterName of Other Business Entity)
(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 La Pay Charles (Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formation or incorporation)
(
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(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.)
<u>Note:</u> 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 Limi	
Signature of Authorized Representative:  Printed Name  WHIS TOWNS	Title: Owner MOR
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: Wrts Bown Printed Name: Wrt 7 13 Www	Title: 0 WN MOR
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Simplure	, in the second
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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 is:		
(Must ontain the words "Limited Liability Company, "L.E.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Company is:	
Principal Office Address: Mailing Address:		
2110 Colonade St. 54me Inverness, Fl 34453	<u> </u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	SECRETARY OF STAT	
Florida street address (P.O. Box NOT acceptable)	ANSSEE,	! [
City FL 3445 3	TATE	
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am far accept the obligations of my position as registered agent as provided for in Chap	ppointment as provisions of a miliar with and	ıll

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Our tis Bown  Sliv Colonada Styrs  Inderney Fl. 14453
	SECRETALLAN
(Use attachment if necessary)	SECRETARY OF STATE TALLAHABSEE, FL
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
	ped or printed name of signee  Filing Fees  FORGANIZATION and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

**ARTICLE IV-**

Company: