# L20000341847

(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:
,

Office Use Only



300349376873

Û8/04/20--01014--012 \*\*150.00





TO: Registration Section
Division of Corporations

SUBJECT: CMS ENTERPRISES L.L.C.

(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:

Cara Stull					
	(Contact Person)		_		
CMS ENTERPRISES L.I	L.C.				
	(Firm/Company)		_		
798 Rusty Lane					
· · · · · · · · · · · · · · · · · ·	(Address)		-		
Cantonment, FL 32533					
(0	City, State and Zip Code)		-		
stullcam@gmail.com					
E-mail Address: (to be	e used for future annual re	port notifications)	-		
For further information	on concerning this ma	tter, please call:			
Cara Stull		at (850	) 380-6	5432	
(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in I	JS
\$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	

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### MAILING ADDRESS:

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

## **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.

<ol> <li>The name of the "Other Business Entity" imn CMS ENTERPRISES L.L.C.</li> </ol>		of the Articles	of Conve	rsion is:	
(Enter Name of Other	er Business Entity)				
2. The "Other Business Entity" is a Limited Liabil	lity Corporation				
(Enter entity ty	pe. Example: corporation, limite thership, common law or business				
First organized, formed or incorporated under the	e laws of Deleware				
09/29/2014 on	(Enter state, or if a non-U	J.S. entity, the nar	ne of the c	ountry)	
(date of organization, formation or incorporation)					
3. The name of the Florida Limited Liability Co	mpany as set forth in the at	tached Article	s of Org	anization:	;
CMS ENTERPRISES L.L.C.					
(Enter Name of Florida Limi	ted Liability Company)				
4. If not effective on the date of filing, enter the (The effective date: 1) cannot be prior to date date this document is filed by the Florida Dep date listed in the attached Articles of Organiz.  Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's recommendate.	e of receipt or filed date no artment of State; AND 2) ation, if an effective date is applicable statutory filing requires	r more than 9 must be the sa s listed therein	me as th	e effective	е
5. The plan of conversion has been approved in a	accordance with all applicab	ole statutes.			
<ol> <li>The "Converted or Other Business Entity" has a which such members are entitled under ss. 605.</li> </ol>	greed to pay any members ha 1006 and 605.1061-605.1072	aving appraisal.	rights the Noc - 4	amount.to -	
	Page 1 of 2			B ∴ , · -	

Signed this 03 day of June	2020	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	a Arth	
Printed Name: Cara Stull	Title: Managing Partner	
		_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: Can Stut		
Printed Name: Cara Stull	Title: Managing Partner	<u> </u>
	•	
Signature:	Title:	_
Timed Name.	_ True	_
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
Signature:Printed Name:	Tido	
rnnted Name:	Title.	_
Signature:		
Printed Name:	_ Title:	_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	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.	ty rartuer sinp.	
Č		
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
All others:		28
Signature of an authorized person.		20 :
Fees:		2020 Auto - 4
Articles of Conversion:	\$25.00	. <del></del>
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	Fri

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi		y is:	
CMS ENTERPRISES L.L	C.		_
(Must e	nd with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address a		ne principal office of the Limited Liability (	Company is:
Principal Office Add	ress:	Mailing Address:	
798 Rusty Lane		798 Rusty Lane	_
Cantonment, FL 32533		Cantonment, FL 32533	_
	ara Stull	the registered agent are:	
	N	Jame	
	8 Rusty Lane	TO O D NOT	
F	·lorida street address (	(P.O. Box <u>NOT</u> acceptable)	
Ca	ntonment	FL 32533	
	City	Zip	
	l as registered agent at	nd to accept service of process for the above	

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Cara Stull	_	
	798 Rusty Lane	_	
	Cantonment, FL 32533	_	
		_	
		_	
		_	
		_	
		_	
		_	
		_	
	<del></del>		
(Use attachment if necessary)  ICLE V: Effective date, if other than the	e date of filing:	ONAL	)
ICLE V: Effective date, if other than the effective date is listed, the date must is 90 days after the date of filing.)	to date of filing:	ess da	ys p
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ICLE V: Effective date, if other than the effective date is listed, the date must in 90 days after the date of filing.)  If the date inserted in this block does not meet the ent's effective date on the Department of State's light VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in act I am aware that any false informs.	he applicable statutory filing requirements, this date will not be records.  To ran authorized representative of a member recordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State	ess da ot be lis	ys p

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

ARTICLE IV-

Company:

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\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CMS ENTERPRISES LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIRST DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CMS ENTERPRISES LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5611951 8300 SR# 20203225230

Authentication: 202863773

Date: 05-01-20