L2000342905

(Re	equestor's Name)	
(Ad	ddress)	
. (Ad	idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		·

Office Use Only



600354045286

10/26/20--01044--809 **150.00

20 0CT 25 PM I2: 17

D O'KEEFE NOV 0 9 2020

COVER LETTER

10:	New Filing S Division of C					
SUBJ	ECT: LOBO D	ORADO, LLC				
SODO		(Name of Re	sulting Florida Lir	nited Co	mpany)	
			-		nd fees are submitted to convert an "Concordance with s. 605.1045, F.S.	the
Please	return all corr	espondence concernin	g this matter to	:		
Wendy	/ Hefley					
		(Contact Person)		_		
InCorp	Services, Inc.					
		(Firm/Company)		_		
3773 1	loward Hughes Pl	kwy, Suite 500S				
		(Address)		_		
Las Ve	egas, NV 89169-6	014				
		City, State and Zip Code)				
manag	gedreports@incor	p.com				
E-r	nail Address: (to b	oc used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call	:		
Wendy	Hefley for InCor	p Services, Inc.	at (⁷⁰²	866-	2500 ext 6904	
	(Name of Conta	act Person)			ytime Telephone Number)	
		for the following amou a bank located in the	•	proces	sed by this office must be payable in	US
(\$25 fo & \$125		☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified C		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C	ection		New	et Address: Filing Section sion of Corporations	

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 <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: LOBO DORADO, 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.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
05/15/2018 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: LOBO DORADO, 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.

Signed this 17th day of August	_ 20_20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Sabrina Wolfersberger	him 1. Whips
Printed Name Sabrina Wolfersberger	Title: Member
Trined Harries	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
a. Solo 100 100 1000	
Signature: Valuus Wolfers Printed Name: Sabrina Wolfersberger	Tista. Mambar
Printed Name: Samua Wolleisberger	THIC: Member
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	little:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title
Tillined Fullic.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Dortnorchine
Signature of one General Partner.	ty lattnership.
······································	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
A III addrawa	
All others: Signature of an authorized person.	
Signature of all authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

20 OCT 26 PH I2: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabi	lity Company is:			
LOBO DORADO, LLC				
(Must contain the w	vords "Limited Liabilit	у Сотрапу, "	L.C.," or "L.I,C.")
ARTICLE II - Address: The mailing address and street	address of the pr	rincipal off	ice of the Lim	ited Liability Company is:
Principal Office Address:		•	Address:	, , ,
11723 Doe Creek Drive		11723 Do	e Creek Drive	
Lithia, FL 33547		Lithia, Fl.	. 33547	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida re	serve as its own Regist			
The name and the Florida stree	et address of the r	registered a	gent are:	
	InCorp Ser	vices, Inc.		
	Name	e		
	17888 67th C	Court North	<u> </u>	
Florida st	reet address (P.O	. Box <u>NO</u>	[acceptable)	
	Loxahatchee	FL	33470	
	City		Zip	
liability company at the parent and agree to statutes relating to the propactions of the obligations of	lace designated ir o act in this capac oer and complete j	n this certificity. I furthoerformand gistered ago	cate, I hereby over agree to conse of my duties, ent as provided	s for the above stated limited accept the appointment as apply with the provisions of all and I am familiar with and I for in Chapter 605, F.S
	(CONTIN	UED)		FILED 20 OCT 26 FMI ALLERASSEE, FI

ARTICLE 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 AMBR	Cabrina Walfarabaraar
AWBK	Sabrina Wolfersberger 11723 Doe Creek Drive
	Lithia, FL 33547
	Etalia, FE 33341
AMBR	Ryan Bredahl
	14628 Avenue of the Rushes
	Winter Garden, FL 34787
	5 (C N
	20 C ALL ALL
	
	5 26
(Use attachment if necessary)	
	9.5.
LE V: Other provisions, if any.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
LE V. Other provisions, it any.	~
REQUIRED SIGNATURE:	
Vabrina Wolfush	<u>ኣ</u>
Signature of a member or	an authorized representative of a memher
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 felon
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a tuito degree feron
Sabrina Wolfersberger	
	ped or printed name of signee
l y	Filing Food

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)