L2000365730

(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

131 195 Wid WW 131 195

T. SCOTT



800353398708

South Action Co. Sol. Ph

730 PH 4:34



November 16, 2020

JONATHAN SWIFT 5415 FAWN LAKE CT SANFORD, FL 32771

SUBJECT: THE CORNELIUS TRADING COMPANY, LLC.

Ref. Number: W20000131195

We have received your document for THE CORNELIUS TRADING COMPANY, 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 the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 820A00022945

2023 KOY 30 PM I2: 04

COYER LETTER

TO: New Filing Section Division of Corporat	ions		
SUBJECT: THE		S TRADINU	6 company, LLC.
	(Name of Resulting Flor	rida Limited Comp	pany)
The enclosed Articles of Col Business Entity" into a "Flor	nversion. Articles of Or rida Limited Liability C	ganization, and ompany" in acc	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresponde	ence concerning this ma	tter to:	
DOVATIHAN (Cont.	SWIFT		
(Cont:	ict Person)		
	Company)	· · · · · · · · · · · · · · · · · · ·	
S415 FAWN LA	HKE CT	· · · · · ·	
(A)	ddress)		
SAUFORD, FC	32771		
(City, State	and Zip Code)		
b-man Address: (to be used for	@ gmail.com	· ·	
h-maii Address; (to be used for	future annual report notifie:	ations)	
For further information conce	erning this matter, pleas	e call:	
DONATHAN SU	u= 7 at (SV	40 90	3-6908
(Name of Contact Person)	(Are	ra Code) - (Daytin	ne Telephone Number)
Enclosed is a check for the fo dollars and drawn on a bank l	llowing amount: (All chocated in the United Sta	necks processed ites)	by this office must be payable in US
	00 Filing Fees S180.00 and Certif	fied Copy C	D\$185.00 Filing Fees, lertified Copy, and 'ertificate of Status
Mailing Address: New Filing Section		<u>Street A</u> New Fili	ddress:

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

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

JNHS11 (7-17)

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.

The Cornelius Trading Compan			 ·
	(Enter Name of Other Busin	ness Entity)	
2. The "Other Business Entit	ty" is a	npany 	nip, common law or business trust, etc.)
(Enter entity type. 1	Example: corporation, limited	partnership, general partnersh	iip, common law or business trust, etc.)
First organized, formed or inc	corporated under the laws	of North Carolina	
		(Enter state, or it a non-U.S.	entity, the name of the country)
8/22/2016			
(date of organization, formatio	n or incorporation)		
3. The name of the Florida L	imited Liability Company	y as set forth in the attac	hed Articles of Organization:
The Cornelius Trading Compan	y, LLC.		
(Enter	r Name of Florida Limited Liab	oility Company)	
4. If not effective on the date	of filing, enter the effect	11/23/2020 ive date:	·
			re than 90 calendar days after
the date this document is fil Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicat		nts, this date will not be listed as the
5. The plan of conversion has	s been approved in accord	ance with all applicable	statutes.
6. The "Converted or Other Bu which such members are en			ng appraisal rights the amount to S.S.
			2020 NOV

Signed this 3	23rd	day of November	20.20
Signature o	<u>f Authori</u>	zed Representative of L	imited Lightlity Companys
Signature of Printed Nam	Authorize e: Jonathan	ed Representative:	Title: Authorized Member/Manager
Signature(s)	on behalf		y: [See below for required signature(s)]
Signature: _		39	
Printed Name	Jonathan	Swift	Title: Authorized Member/Manager
Signature: _ Printed Nam	e:		Title:
Signature: _			
Printed Nam	e:		Title:
Signature: _ Printed Nam	e:		Title:
Signature: Printed Nam	e;		Title:
Signature:			
			Title:
If Directors of If Florida G Signature of	Chairman, or Officers eneral Pa one Gener	Vice Chairman, Director, have not been selected, an remarking or Limited Lia al Partner.	n Incorporator must sign.
		ieral Partners.	
All others: Signature of	an authori:	zed person.	
<u>Fees:</u>			
Fees Certi	eles of Cor for Florid ified Copy ificate of S	a Articles of Organization:	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L. L.C.," or "L.L.C.")

The mailing address and street address of the principal office of the Limited Liability Company is:

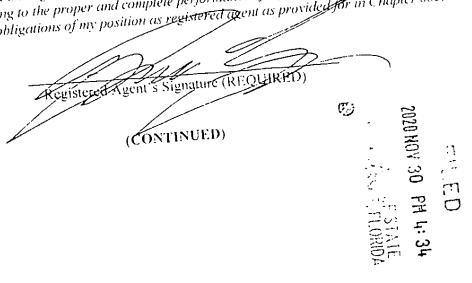
The mailing address and street address	Mailing Address:
Principal Office Address:	THE GAWN LAKE C'
4760 CHURCH ST	5413 5ANFORD (FL 3277)
-576 1300	Sionatur
SANTOIOLL	A Office, & Registered Agent's Signatur

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jorida street address of the	
>cnATHAN Swift	
Florida street address (P.O. Box NOT accepta SANFOLD FL 32 City Zip	able) 2771
,	

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.



Fitle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	= JUAN SWIFT
AMBR	- 100 F 1 F 1 A 1 5 C C T
	SWATHAN SWIFT SYIS FAWN LAYE CT SANFORD, FL 32771
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
TLE V: Other provisions, if any.	
TLE V: Other provisions, if any.	
TLE V: Other provisions, if any. REQUIRED SIGNATURE:	
TLE V: Other provisions, if any. REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE:	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordance to the submitted in a decordance of the submit	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes. I am aware neument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordar any fulse information submitted in a document is executed in accordance as provided for in s.817.155, F.S.	nee with section obstacles of State constitutes a third degree it becament to the Department of State constitutes a third degree it
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordar any fulse information submitted in a document is executed in accordance as provided for in s.817.155, F.S.	nee with section obstacles of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes a third degree for the Department of State constitutes as the Department of State constitute
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordar any fulse information submitted in a document is executed in accordance as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware neument to the Department of State constitutes a third degree features. Typed or printed name of signee Filing Fees

ARTICLE IV-