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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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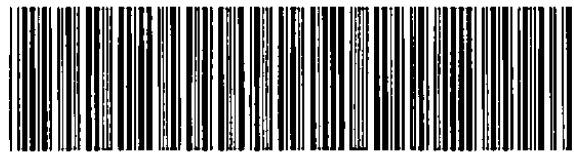
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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DEC 23 2020

**GASSMAN, CROTTY & DENICOLA, P.A.**

ATTORNEYS AT LAW

ALAN S. GASSMAN\*\*  
KENNETH J. CROTTY\*\*\*^  
CHRISTOPHER J. DENICOLA\*\*\*  
BRANDON L. KETRON\*  
ADRIANA M. CHOI

1245 COURT STREET  
CLEARWATER, FL 33756  
TELEPHONE: (727) 442-1200  
FAX: (727) 443-5829

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\*LL.M. IN TAXATION  
-BOARD CERTIFIED LAWYER  
WILLS, TRUSTS AND ESTATES  
\*\*\*LL.M. IN ESTATE PLANNING  
^BOARD CERTIFIED LAWYER TAX LAW  
\*CERTIFIED PUBLIC ACCOUNTANT

**December 8, 2020  
VIA UPS**

Florida Department of State  
Division of Corporations  
New Filing Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed for filing please find Articles of Conversion and Articles of Organization whereby WAKEFORD HOLDINGS LLC, a New Jersey limited liability company, will convert into WAKEFORD HOLDINGS LLC, a Florida limited liability company.

Also enclosed please find a check made payable to Department of State in the amount of \$180.00 for the applicable filing fees and certified copy fee.

Please return the filed and certified document to our office in the enclosed self-addressed UPS return envelope.

Please contact Tina Arvin of my office if you have any questions on the above.

Best personal regards,



Tina J. Arvin  
Florida Registered Paralegal

:tja  
Enclosures

cc: Jennifer Borg (w/ encl. via email jenniferborg@icloud.com)  
Alan S. Gassman (w/ encl. via email alan@gassmanpa.com)

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: WAKEFORD HOLDINGS 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:

ALAN S. GASSMAN, ESQ.

(Contact Person)

GASSMAN, CROTTY & DENICOLO, P.A.

(Firm/Company)

1245 COURT STREET

(Address)

CLEARWATER, FL 33756

(City, State and Zip Code)

TINA@GASSMANPA.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

TINA J. ARVIN at ( 727 ) 442-1200  
(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)

<input type="checkbox"/> \$150.00 Filing Fees ( \$25 for Conversion & \$125 for Articles of Organization )	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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**Mailing Address:**

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

**Street Address:**

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

INHS11 (7/17)

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** 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:  
WAKEFORD HOLDINGS 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 NEW JERSEY  
(Enter state, or if a non-U.S. entity, the name of the country)

on 03/25/2008  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
WAKEFORD HOLDINGS 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.

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Signed this 1<sup>st</sup> day of December 2020.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Jennifer Borg Title: Managing Member

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]  
Printed Name: Jennifer Borg Title: authorized person - managing member

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed 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 Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an 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 DEC 15 PM 5:41  
COUNTY CLERK  
CLERK OF CIRCUIT COURT  
JANICE L. HARRIS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WAKEFORD HOLDINGS LLC

(Must contain the words "Limited Liability Company," "L.L.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:

251 ATLANTIC AVE.  
PALM BEACH, FL 33480

### Mailing Address:

P.O. BOX 791  
PALM BEACH, FL 33480

## 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:

ALAN S. GASSMAN, ESQ.

Name

1245 COURT STREET

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

CLEARWATER

City

FL 33756

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 the 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)

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NOTARIAL PUBLIC  
STATE OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JENNIFER BORG

251 ATLANTIC AVE.

PALM BEACH, FL 33480

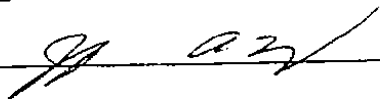
(Use attachment if necessary)

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CLERK

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**ARTICLE V: Other provisions, if any.**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JENNIFER BORG, Managing Member

Typed or printed name of signee

**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)**