# 12/0000000088

(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



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12/21/20--01039--008 \*\*150.00

J DENNIS

JAN 04 2021

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: WHEATON MANAGEMENT, LI	_C	
(Name of Re	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L		on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:	
GLORIA J ROBINSON		
(Contact Person)		
SMALL BUSINĖSS ACCOUNTANTS INC		
(Firm/Company)		
PO BOX 1554		
(Address)	<u> </u>	
MINNEOLA, FL 34755-1554		
(City, State and Zip Code)		
mycpa@gloriajrobinsoncpa.com		
E-mail Address: (to be used for future annual r	eport notifications)	•
For further information concerning this ma	atter, please call:	
GLORIA J ROBINSON	at (	982-4333
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		rocessed by this office must 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 and Certified Cop	
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

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#### **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: WHEATON MANAGEMENT, 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)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: WHEATON MANAGEMENT, 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 11TH day of DECEMBER	_20 <u>20</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: FM	Mallar -	î.
Signature of Authorized Representative:	TO MADE AMED	
Printed Name: ENGIN UYAROGLU		
Signature(s) on behalf of Other Business Entity:	See below for required signature	·/-))
	lace neigh to Ledgited albustate	(8)]
Signature: Humany		
Printed Name: ENGIN UY AROGLU	Title: MBR, AMBR	
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Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Ciomatum		
Signature:	rot id	
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 In-	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
To the side of the land of the same and the same of the facility to bit	4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
Signatures of ALLE General Partiters.		
All others:		
Signature of an authorized person.		
Process		
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)	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Comp	oany is:		
WHEATON MAN	AGEMENT, LLC			
(	Must contain the words "Limite	d Liability (	Company, "L.L.C.," or "LLC.	")
ARTICLE II - A	Address:			
The mailing add	ress and street address o	of the prin	cipal office of the Lin	nited Liability Company is:
Principal Office	e Address:		Mailing Address:	
1317 EDGEWATE	ER DR, STE 3311			
ORLANDO, FL 32	2804	_		<del></del>
<del> </del>	<del></del>	_	<del></del>	
(The Limited Liability	Registered Agent, Regovernment company cannot serve as its of an active Florida registration.)			
The name and th	e Florida street address	of the re	gistered agent are:	
	GLORIA J ROBINSON	N		
		Name	<del></del>	_
	21400 TREE PARK C	т		
	Florida street addre	ess (P.O.	Box <u>NOT</u> acceptable)	_
	CLERMONT		FL 34715	
	City		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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR, MGR	ENGIN UYAROGLU
	1317 EDGEWATER DR, STE 3311
	ORLANDO, FL 32804
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(Use attachment if necessary)	
(Use attachment if necessary)	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  ENGIN UYAROGLU	an authorized representative of a member

ARTICLE IV-