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Certified Copies Cert	ificates of Status
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Special Instructions to Filing Offic	er:
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Office Use Only

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January 12, 2021

AUBRIE WARD 19531 BOWRING PARK ROAD, APT 102 FORT MYERS, FL 33967

SUBJECT: AUBRIE WARD LLC Ref. Number: W21000003046

We have received your document for AUBRIE WARD LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Owner or operator not titles.,

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.

Letter Number: 421A00000694

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

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COVER LETTER

TO: New Filing Solution of C					
SUBJECT: Aubrie W	ard LLC				
	(Name of Res	ulting l	lorida Limite	ed Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this i	matter to:		
Aubrie Ward					
	(Contact Person)				
Aubrie Ward LLC					
	(Firm/Company)				
19531 Bowring Park R	d, apt 102				
	(Address)				
Fort Myers, FL 33967					
(1	City, State and Zip Code)				
aubrie@aubrieward.co	em .				
E-mail Address: (to b	oe used for future annual re	port no	tifications)		
For further informati	on concerning this ma	tter, p	lease call:		
Aubrie Ward		e (S	954	,980-0	859
(Name of Cont	act Person)	—·" \-	(Area Code)	(Day	1859 Time Telephone Number)
	for the following amou a a bank located in the			rocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$455.00 Filing Fees and Certificate of Status		80,00 Filing Certified Cop		■\$185.00 Fiting Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:			Street	t Address:
New Filing S					Filing Section
Division of C P.O. Box 632					ion of Corporations Centre of Tallahassee
1 (A) DAY ADY	<u>.</u> 1			1110	care of rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Aubrie Ward LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
01/01/2019 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : Aubrie Ward 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 7th	day of December	<u> 20</u> 20 .
Signature of Auth	norized Representative of Lim	ited Liability Company:
Charatana of Autho	orized Representative:	1 /1/070/
Signature of Author	io Word	Title: mgr
Printed Name: Aubii	e Ward	Title: mgr
		[See below for required signature(s)]
Signature: U	bu word	
		Title: mgr
ei		
Driver d Nove of		Title:
Printed Name:	<u> </u>	title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	<u> </u>	Title:
Printed Name:		Title:
If Florida Corpor		Office in
	nan, Vice Chairman, Director, or cers have not been selected, an Ir	
Transcetors or other	cers have not been selected, an ir	corporator must sign.
	<u>l Partnership or Limited Liabil</u>	ity Partnership:
Signature of one G	eneral Partner.	
· · · -	Partnership or Limited Liabil General Partners.	
All others: Signature of an aut	horized person.	
Fees:		
ع درانانان عدادانانانانانانانانانانانانانانانانانان	Conversion:	\$25.00
		\$25.00 \$125.00
	orida Articles of Organization:	
Certified C Certificate		\$30.00 (Optional) \$5.00 (Optional)
Commune	or status.	συνου (Optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Compa	any is:	
Aubrie Ward LLC	d Liability Company, "L.L.C.," or "LLC.")	
(Must contain the Words Limited	That they company, T.E.C., or E.E.	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
19531 Bowring Park Rd., apt 102	19531 Bowring Park Rd., apt	102
Fort Myers, FL 33967	Fort Myers, FL 33967	
		
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of Aubrie Ward		ividual or another
	Name	
19531 Bowring Park R		
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Fort Myers	FL ³³⁹⁶⁷	
City	Zip	
registered agent and agree to act in this statutes relating to the proper and cor accept the obligations of my position	nated in this certificate, I hereby accepts capacity. I further agree to comply	pt the appointment as with the provisions of all I am familiar with and
(CC	ONTINUED)	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Aubrie Ward, 19531 Bowring Park Rd, apt 102
	Fort Myers, FL 33967
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Lie MITOL
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Aubrie Ward	
	rped 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)