121000022178

(Requestor's Name)
(Address)
(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



700355674897

01/06/21--01010--003 **125.00

11/08/28--81829--985 **88.08

J DENNIS JAN 26 2021

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: COOS		inanical and sulting Florida Limited Con	Propoly Services, LLC.
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited Li	les of Organization, ar iability Company" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Rachelle	Emil (AR (Contact Person)		
Coastal Mer	YIER TAYOU (Firm/Company)	ial SVCS. In	10-
4307 Conune	Palm Court		
Greenacies,	<u>Fl. 33463</u> City, State and Zip Code)		
E-nuil Address: (to b	gmail. Com	oort notifications)	
For further information	on concerning this mat	ter, please call:	
Parkelle Fro	nil CAR ct Person)	_at (<u>954) 94</u> (Area Code) (Day	0-0602- time Telephone Number)
Enclosed is a check fi dollars and drawn on	or the following amous a bank located in the U	nt: (All checks process United States)	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
Mailing Addr	ess:	<u>Street</u>	Address:

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

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

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: COASTAL PREMIER FINANCIAL SERVICES, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (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)
10/15/2013 on .
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:
PREMIER FINANCIAL & REALTY SERVICES, 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 26 day of Decomber	_20_ <i>20</i>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Backer Printed Name: Rackelle Emilean	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signatura	
Signature: Ru Che Temilope Printed Name: Ru Che Temilope	Title: President
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 If Directors or Officers have not been selected, an Ind	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pariso 6 1 1 1 2 2 11/9 12 1/4
 Premier financial and Brealty Servies, LLC.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
4307 Cohune Palm ct. Greenacies, Fl. 33463	4307 Cohune Palm ct. Greenacies, F1 33463

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:

Backelle En	il CAR
15	Vame
4307 Cohine Poi	em Court
	(P.O. Box NOT acceptable)
Greenagues	FL 33463
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)

A	RI	11	\sim	1	L"	í٦	7
	Лı	٠.	L . I		١.	ı١	· -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Rachelle Emiliana 4304 conine Palm Ct. Cherracies, Fl. 33463
	
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	2 •
any false information submitted in a documas provided for in \$.817,155, F.S.	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
Rachelle Emilei	A-R.
Тур	ed 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)