# 12/000093589

(Requestor's Name)					
(Address)					
(Add	(Address)				
(City	//State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bus	siness Entity Nan	ne)			
(Doc	cument Number)	·			
Certified Copies	Certificates	of Status			
Special Instructions to F	Filing Officer:	7			

Office Use Only

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T. SCOTT



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TALL AT VSSEE FLORIDA

#### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations	
SUBJECT: 32 POCHICK LL	C Resulting Florida Limited Company)
(Name of 1	counting Fronta Diffice Company,
	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
RICHARD MATHESON	
(Contact Person)	
(Firm/Company)	
3320 BAY SHORE RD (Address)	
SARASOTA FL 34234	ļ.
(City, State and Zip Code	<del></del>
SARASOTA FL 34234 (City, State and Zip Code matheson@mac.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this r	natter, please call:
RICHARD MATHESON	at ( 248 ) 719 – 1896 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Alea Code) (Daytime Terephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	iount: (All checks processed by this office must be payable in US ne United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status	s
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee

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 <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:  32 POCHICK 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 MICHICAN
(Enter state, or if a non-U.S. entity, the name of the country)
on August 7 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
32 POCHICK 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 2 day of February	_20 <u>_21</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	1. 04175
Signature of Authorized Representative	The Court of the Court
Printed Name: RICHARD MATHESON	Title: KEGISTED AGENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	<del></del> .
Printed Name: ELISABETH MATHESON	Title: MANAGER.
Think Thanks.	This strain to be
Signature:	
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Signature:Printed Name:	Title:
6.	
Signature:Printed Name:	ma.
Printed Name:	11tte:
Signatura	
Signature:Printed Name:	
THREE IVAINC.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
,,	
<u>lf Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	<del></del>
f Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
<u>Il others:</u>	
gnature of an authorized person.	
es:	
Articles of Conversion:	\$25.00
	\$25.00 \$135.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

POCHICK 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:

3320 BAY SHORE RU SARASOTA FL 34234

**Mailing Address:** 

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:

RICHARD MATHESON

Name

3320 BAY SHORE RD

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

SARASOTA FL 34234
City Zin

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)

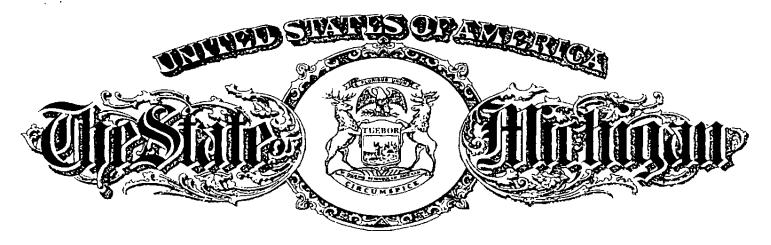
(CONTINUED)

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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					
MGR	ELISABETH MATHESON				
	3320 BAY SHORE RD				
	SARASOTA FL 34234				
	· · · · · · · · · · · · · · · · · · ·				
<del> </del>					
	<del></del>				
(Use attachment if necessary)					
ARTICLE V: Other provisions, if any.					
REQUIRED SIGNATURE:					
	<del></del>				
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that iment to the Department of State constitutes a third degree felony				
ELISABETH M	U ATHE SON				
Ту	WATHERON  yped 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)



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That 32 POCHICK LLC

was validly authorized on August 7, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 20120407202

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of December, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau