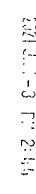
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12/11/20--01021--016 \*\*250.00



1/8/2021

## **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 Cormal Courtney Gary, PA	iversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or b	usiness trust, etc.]
First organized, formed or incorporated under the laws of FL (Enter state, or if a non-U.S. entity, the name of the	
(Enter state, or if a non-U.S. entity, the name of the	ne country)
11-06-2020	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C	rganization:
MALCOLM COURTNEY GARY, PA	
(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 calend	ardays 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	. · •
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.	?: 2:
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	the amount to

Signed this day of	_ 20
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: MALCOLM C GARY	Title: MANAGING MEMBER
Signature	
Signature: Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	·
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: lignature of an authorized person.	
<u>'ees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Terrel Hood
Certified Public Accountant
514 SW 2<sup>nd</sup> Ave
Ocala, Fl. 34471
352-732-2660
352-732-7067 Fax
Thood421@aol.com

December 8, 2020

TO: Whom it may concern

FROM: Terrel Hood, Cpa

REFERENCE: conversion from a Corporation to an LLC

Dear Sir:

Please find enclosed the forms to file for a conversion from an Corporation to an LLC and the articles of Organizations for Malcolm Courtney Gary PA

If there is any other information that I need to include in order to do this conversion, Please contact me directly, I have included a check #5571 in the amount of \$250.00. \$125.00 each for the conversion fee and the articles of Organizations.

Thank you for your time and consideration with this matter.

Sincerely,

FerreT Hood, (

17.7-8 [1] 2144

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
MALCOLM COURTNEY GARY, # LLC (Must contain the words "Limited Liab	oility Company "L.L.C." or "LLC.")
	micy Company. Tables. Or Table )
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7442 SE 36TH AVE	7442 SE 36TH AVE
OCALA, FL 34480	OCALA, FL 34480
The name and the Florida street address of th  MALCOLM C. GARY  Na	ime
7442 SE 36TH AVE	
Florida street address (P	P.O. Box <u>NOT</u> acceptable)
OCALA	FL 34480
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familian with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBR	MALCOLM C. GARY 7442 SE 36TH AVE OCALA, FL 34480
(Use attachment if necessary)	
TCLE V: Other provisions, if any.	
REQUIRED SIGNATURE	<b>2</b>

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)

Typed or printed name of signee

MALCOLM C GARY

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Co	ompany is:		
MALCOLM COURTNE (Must contain t		Liability Company	. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal c	office of the Limited	d Liability Company is:
Principal O	ffice Address:		Mailing Address:
7442 SE 36TH AVE OCALA, FL 34480			2 SE 36TH AVE ALA, FL 34480
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its owr	i Registered Agent.	ent's Signature: . You must designate an individual or
The name and the Florida street addi	ess of the registere	d agent are:	
<u>N</u>	IALCOLM GARY	Name	
	442 SE 36TH AVE Florida street addres		acceptable)
			34480
<u>(</u>	CALA, City	FL_ State	Zip
place designated in this certificate, I ha	reby accept the app tions of all statutes t	pointment as registe relating to the prope	the above stated limited liability company at cred agent and agree to act in this capacity, er and complete performance of my duties, of as provided for in Chapter 605, F.S
·	Regis	tered Agent's Signa	ature (REQUIRED)
		(CONTINUED	)
			٠.

ARTICLE IVThe 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		
AMBR	MALCOLM GARY	
	7442 SE 36TH AVE OCALA, FL 34480	<del></del>
	OCMIN. 1 C 34480	
		<del></del>
	<del></del>	<del></del>
	<del></del>	
		<del></del>
	<del></del>	
(Use attachment if necessary)		
If an effective date is listed, the date must be spec he date of filing.)	of filing: (OPTION/	to or 90 days afte
ARTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified date of filing.)  Note: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date	to or 90 days afte
ARTICLE V: Effective date, if other than the date of the fective date is listed, the date must be specified of filing.)	eet the applicable statutory filing requirements, this date f State's records.	to or 90 days afte
ARTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified date of filing.)  Note: If the date inserted in this block does not more the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date f State's records.	to or 90 days afte
ARTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified date of filing.)  Note: If the date inserted in this block does not more the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date f State's records.	to or 90 days afte
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RTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be specified at e of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURES:  Signature of a mer	eet the applicable statutory filing requirements, this date f State's records.  6 1 / 01 / 20 2    nber or an authorized representative of a member.	e will not be listed
RTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be specified at efficiency.  Note: If the date inserted in this block does not make document's effective date on the Department of ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date of State's records.  6 1 / 01 / 20 2 / 1 / 20 2 / 1 / 20 2 / 20 / 20	e will not be listed
RTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be specified at efficiency.  Note: If the date inserted in this block does not make document's effective date on the Department of ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date of State's records.  6 1 / 01 / 20 2 / other or an authorized representative of a member. and in accordance with section 605.0203 (1) (b). Florida 5	e will not be listed
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified attended of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member. ed in accordance with section 605,0203 (1) (b), Florida 3 information submitted in a document to the Department felony as provided for in s.817,155, F.S.	e will not be listed
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified date of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false	nber or an authorized representative of a member. Information submitted in a document to the Department felony as provided for in s.817.155, F.S.	Statutes.
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified attended of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member. ed in accordance with section 605,0203 (1) (b), Florida 3 information submitted in a document to the Department felony as provided for in s.817,155, F.S.	Statutes:
RTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be specified attended of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree	eet the applicable statutory filing requirements, this date of State's records.    D1/D1/20-21     Typed or printed name of signee   D1/20-21     D1	Statutes:
RTICLE V: Effective date, if other than the date of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURES:  Signature of a mer This document is execute I am aware that any false constitutes a third degree  MALCOLM GAR	eet the applicable statutory filing requirements, this date of State's records.    D1/D1/20-21     Typed or printed name of signee   Filing Fees:	Statutes:
RTICLE V: Effective date, if other than the date of filing.)  Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURES:  Signature of a mer This document is execute I am aware that any false constitutes a third degree  MALCOLM GAR	eet the applicable statutory filing requirements, this date of State's records.    D1/D1/20-21     Typed or printed name of signee   D1/20-21     D1	Statutes.



December 18, 2020

TERREL HOOD 514 SW 2ND AVE OCALA, FL 34471

SUBJECT: MALCOLM COURTNEY GARY, LLC

Ref. Number: W20000144521

We have received your document for MALCOLM COURTNEY GARY, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

### COMPLETE CONVERSION ARTICLES WERE NOT RECEIVED.

Please return your document, along with a copy of this letter, within 60 days or  $\stackrel{1}{\simeq}$  your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call ?: (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II

Edition: "O Fri 3: 46

Letter Number: 120A00025683