# 121000139281

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<del>-</del>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section		
Division of Corporations		
SUBJECT:	le NH FZ, ZLC	<del></del>
(Name of	Resulting Florida Limited Company)	
	rticles of Organization, and fees are submitted Liability Company" in accordance with s. 6	
Please return all correspondence concern	ning this matter to:	
Terry Tolson (Contact Person)		
C-side NH LL (Firm/Company)		
(Firm/Company)	. (	
(Firm/Company)  114 Main Sail Dr.  (Address)	#C27	2921 h
Miramar Beach F (City, State and Zip Cod	1 32550	2021 MAR - 9 AM 9:
(City, State and Zip Cod	e)	
+tolson 210 g mail. E-mail Address: (to be used for future annua	Com	## \$ 198 8# \$ 199 100 100 100 100 100 100 100 100 100
For further information concerning this	matter, please call:	∰ <b>ω</b>
TETCY TOLSON	at (404) 644-0471	
(Name of Contact Person)	at ( 404) (44-047) (Area Code) (Daytime Telephone Numb	per)
Enclosed is a check for the following an dollars and drawn on a bank located in the	nount: (All checks processed by this office m he United States)	ust be payable in US
\$150.00 Filing Fees \$25 for Conversion \$\$125 for Articles f Organization)	es	es,
Mailing Address:	Street Address:	
New Filing Section	New Filing Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahasse	
1.O. DUX 032/	The Centle of Tallanasse	A.

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:
(Enter Name of Other Business Entity)	<del></del> ·
2. The "Other Business Entity" is a	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of	ty, the name of the country)
on March 27, 2013 (date of organization, formation or incorporation)	<b>,</b> ,
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
(Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	<del></del>
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 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, the document's effective date on the Department of State's records.	an 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statu	ites.
5. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	opraisal rights the amount to
	2021
	1021 MAR
	25- 25- 25- 25- 25- 25- 25- 25- 25- 25-
	er −1 (a) \-

Signed this 5th day of March	_20 <u>2 </u>	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:  Printed Name: 1017 10150N	Title: Marager	_
Signature(s) on behalf of Other Business Entity: [		
Signature: Welissa 76 Isa		
Signature:Printed Name:	_ Title:	<u>-</u>
Signature: Printed Name:	_ Title:	- -
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	<u>-</u>
Signature: Printed Name:	Title:	 
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.	7	2021
<u>`ees:</u>		2021 HAR -9
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	51.6 44 6 54.6 44 6

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
(Must contain the words "Limited Liability	LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
114 Mainsail DI. # Caty Miramar Beach FL 32550	114 Mainsail Dr. #C27 Miramar Beach.	FL 32550
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's	Signature:
The name and the Florida street address of the re	gistered agent are:	
Terry Tols Name	٧٠	
III Mainsai Dr. Florida street address (P.O.	#C27 Box NOT acceptable)	
Miramar Beach	~ FL 32550	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paracept the obligations of my position as regions.	this certificate, I hereby accept to ty. I further agree to comply with erformance of my duties, and I a	he appointment as h the provisions of all m familiar with and
	2	
Registered Agent's Signa	ature (REQUIRED)	2021 HAR
(CONTINU	J <b>ED)</b>	-9 AH 9

# **ARTICLE IV-**

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	_
M(-R	Terry Tolson
	114 Mainsail Dr. HCa
	Miramar Beach, FL 320
AMBR	Melissa Tolson
	114 Mainsail Dr. # C27
	Miranut Beach, FL 325
	71
a	
(Use attachment if necessary)	i.
	** <u>**</u> * ***
LE V: Other provisions, if any.	·
REQUIRED SIGNATURE:	
	an authorized representative of a member
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree if
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree in
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware

("

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)