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(Requestor's Name)
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(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



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EXAMINER



### **COVER LETTER**

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SUBJEC	T. CC MOV	'ES REAL ESTATE LLC							
SCERE		(Name of Res	ultin	g Florida Limit	ed Con	npany)	<del></del>		
The encl Business	osed Articles Entity" into	s of Conversion, Artic a "Florida Limited Li	les c abil	of Organization	on, an " in ac	d fees are submitted to ccordance with s. 605.1	convert a 1045, F.S.	ın "Oth	ıer
Please re	turn all corre	espondence concernin	g thi	s matter to:					
CHERYL	COTTER								
		(Contact Person)		•	•				
CC MOV	ES REAL ES	TATE							
		(Firm/Company)							
3253 WY	MBERLY							2 <b>9</b> 21	
•		(Address)			•			2021 APR	
JUPITER	, FLORIDA 3	33458						<u></u>	-
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dk4615@	yahoo.com						: : :	=	C
E-mail	Address: (to b	e used for future annual re	port i	notifications)			퍝쳟	AM 11: 43	
For furth	er informati	on concerning this ma	tter,	please call:				-	
David Ku	ronen		at	(617	\645-6	5942			
(	Name of Conta	ct Person)		(Area Code)	(Day	rtime Telephone Number)	_		
		or the following amou a bank located in the			rocess	sed by this office must	be payable	e in US	3
\$150.06 (\$25 for Care \$125 for Organization)	r Articles	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
N D P	<b>Iailing Add</b> New Filing So Division of C O. Box 632 allahassee, F	ection orporations 7			New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	e 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. C0	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  C MOVE REAL ESTE LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
Fi	rst organized, formed or incorporated under the laws of
	2/8/2017
on	(date of organization, formation or incorporation)
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
C	C MOVE REAL ESTATE LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
th	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
do:	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 30 day of MARCH 2021	_ 20			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: CHERYL COTTER	Title: MEMBER	_		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]			
Signature: MANUCOUTER  Printed Name: CHERYL COTTER	Title: MEMBER	-		
		-		
Signature:Printed Name:	_ Title:	- -		
Signature:Printed Name:	ept.1	-		
		-		
Signature: Printed Name:	Title:	- -		
Signature:	W.1	<b>-</b>		
Printed Name:				
Signature: Printed Name:	_ Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y 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.			202	
Fees:			2021 KPR	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-5 AHII: 43	
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		<b></b>
The name of the Limited Liability Company i	s:	
CC MOVES REAL ESTATE LLC		<u> </u>
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
28 ATLANTIC AVE	3253 Wymberly Dtive	
St Augustine Fl 32084	Jupiter FL 33458	<del></del>
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an	
The name and the Florida street address of the	registered agent are.	
Michelle Rosander		
Nan	ne	
3253 Wymberly Drive		
Florida street address (P.	O. Box NOT acceptable)	
Jupiter	<sub>FL</sub> 33458	
City	Zip	
City	2.7	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby acc wity. I further agree to compl performance of my duties, ar	cept the appointment as ly with the provisions of all ad I am familiar with and
- Muhille do	me	2021
Registered Agent's Sig	gnature (REQUIRED)	
(CONTIN	NUED)	ER S FILES
		5 6

### ARTICLE IV-

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

Title:	Name and Address:				
"AMBR" = Authorized Member "MGP" = Manager					
"MGR" = Manager AMBR	Cheryl Cotter				
AMBR	15 Everett st Newport RI 02840				
(Use attachment if necessary)					
	•				
F. V. Other mercial and if and					
LE V: Other provisions, if any.					
REQUIRED SIGNATURE:	•				
	//				
/ here tot	the state of the s				
Signature of a member or	an authorized representative of a member				
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the				
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree feld				
CHERYL COTTER					
Ty	ped 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)