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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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T. SCOTT



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FALLAHASSEE, FLORIBA

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March 3, 2021

MADELINE PAGE SERVICES, LLC 96474 GRANDE OAKS LANE FERNANDINA BEACH, FL 32034

SUBJECT: MADELINE PAGE SERVICES, LLC

Ref. Number: W20000144622

We have received your document for MADELINE PAGE SERVICES, LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC can not domesticate but only convert,,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 720A00025724

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

COVER LETTER

TO: New Filing So Division of C				
SUBJECT: Madeline	Page Services, LLC			
3009EC1	(Name of Res	ulting Florida Limit	ed Com	pany)
The enclosed Articles Business Entity" into	s of Conversion, Articl a "Florida Limited Li	es of Organization ability Company	on, and	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Madeline Hillyer				
	(Contact Person)			
Madeline Page Service	es, LLC			
	(Firm/Company)			
96474 Grande Oaks La	ane			
	(Address)			
Fernandina Beach, FL	32034			
((City, State and Zip Code)		•	
madelinepage@gmail.	com			
E-mail Address: (to b	e used for future annual re	port notifications)	•	
For further information	on concerning this ma	tter, please call:		
Madeline Hillyer		at (<u>540</u>	336-4	357
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
Enclosed is a check f dollars and drawn on	for the following amou a bank located in the	nt: (All checks p United States)	rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155,00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:		Street	Address:
New Filing S				Filing Section
Division of C	•			on of Corporations Centre of Tallahassee
P.O. Box 632	.7		rne C	CHUC OF Latianassec

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: Madeline Page Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
January 12, 2019 (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:
Madeline Page 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.

2021 HAY TO PH 12: 23

Signed this 21 day of January	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Madeline Hillyer	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Madeline Hillyer Printed Name: Madeline Hillyer	Title: Owner
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If 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 Liabili 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)

ARTICLE 1 - Name: The name of the Limited Liability Company	is:		
Madeline Page Services, LLC (Must contain the words "Limited Liab	bility Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office	of the Limite	d Liability Company is:
Principal Office Address:	Mailing Ad	dress:	
96474 Grande Oaks Lane Fernandina Beach, FL 32034	96474 Grane Fernandina E	Oaks Lane leach, FL 320	34
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You n	ust designate an	ent's Signature: individual or another
Madeline Hillyer			
	ame		
96474 Grande Oaks Lane			
Florida street address (F	P.O. Box NOT ac	ceptable)	
Fernandina Beach	FL 32034		
City		Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d in this certificate pacity. I further a re performance of registered agent a	e, I hereby acc gree to compl my duties, at as provided fo	cept the appointment as ly with the provisions of all ad I am familiar with and

<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Madeline Hillyer
M612	96474 Grande Oaks Lane
	Fernandina Beach, FL 32034
	Torran
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member of	so with cochonially 070 f (1) fill. Florida Statules, Lantavay
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes, I am award ument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree I
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document.	ument to the Department of State constitutes a third degree f

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