LH000206405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W21000 037984 Signature

Office Use Only



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02/18/21--01020--021 **150.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2021

ALTON M. MAGLIO 1605 MAIN STREET STE 710 SARASOTA, FL 34236

SUBJECT: CALUSA HOUSE, LLC Ref. Number: W21000037984

We have received your document for CALUSA HOUSE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

James G Harris Regulatory Specialist II

Letter Number: 021A00006004

021 AFR 19 PM 4: 19

COVER LETTER

Division of Corporations		
SUBJECT: Calusa House, LLC		
	f Resulting Florida Limited Company)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite		
Please return all correspondence conce-	rning this matter to:	
Altom M. Maglio		
(Contact Person)		
(Firm/Company)		2621
1605 Main Street, Suite 710		
(Address)		. =
Sarasota, FL 34236		
(City, State and Zip Co amm@ mctlaw.com	de)	
E-mail Address: (to be used for future annu	al report notifications)	Gr
For further information concerning this	•	
Altom M. Maglio		
(Name of Contact Person)	at (941) 587-3510 (Area Code) (Daytime 1	Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in	mount: (All checks processed by	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	and Certified Copy Cert	185.00 Filing Fees, tified Copy, and tificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Centre 2415 N. M	

TO: New Filing Section

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)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
August 3, 2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Calusa House, 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 12th day of February	_20		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Altom M. Maglio	Title: Manager		
Signature(s) on behalf of Other-Business Entity:	See below for required signature(s)]		
Signature: Printed Name: Altom Maglio	Title: Vice-President		
Signature:Printed Name:	_ Title:		
Signature: Printed Name:			
Signature: Printed Name:	_ Title:		
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.	tv Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		2 821 11E5	
Fees:		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)	Å#∏: 35	11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Calusa House, LLC	s "Limited Liability Company, "L.L.C" or "LL	
(Must contain the words	S. Elittice Elability Company. E.E.C. of Ele	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of the $\sf L$	mited Liability Company is:
Principal Office Address:	Mailing Address:	
1605 Main Street	1605 Main Street	
Suite 710	Suite 710	
Sarasota, FL 34236	Sarasota, FL 34236	
1605 Main Stre		
	at address (P.O. Box NOT acceptable	=)
Sarasota,	City Zip	_
liability company at the place registered agent and agree to ac statutes relating to the proper	ed agent and to accept service of pro- e designated in this certificate. I here of in this capacity. I further agree to and complete performance of my dut position as registered agent as provi	by accept the appointment as comply with the provisions of all ies, and I am familiar with and

(CONTINUED)

ARTICLE IV-

The 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		
MGR	Jenniter G. Maglio	
	1605 Main Street, Suite 710	_
	Sarasota, FL 34236	
MGR	Altom M. Maglio	
TWO:	1605 Main Street, Suite 710	
	Sarasota, FL 34236	
		
		
(Use attachment if necessary)		
		,
CLE V: Other provisions, if any.		**
		· "
REQUIRED SIGNATURE:	/	
		
2		
This document is executed in accordance	an authorized representative of a mede with section 605.0203 (1) (b). Florida Statutes, ament to the Department of State constitutes a things.	. I am aware that
Altom M. Maglio		
Ty	vped or printed name of signee	
	Filing Page	

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)