# L21000 232180

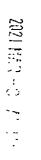
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	e)
(Doc	ument Number)	
Certified Copies	·	of Status
Special Instructions to F	iling Officer:	
W21000057-61	8	

Office Use Only



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#### **COVER LETTER**

TO:	New Filing So Division of C				
SUBJ	JECT: TAH Cap	oital, LLC			
50130		(Name of Res	ulting Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Frank	O. Hendrick, III				
		(Contact Person)			
Hend	rick, Rascoe, Zitr	on & Long, LLC			
<del></del> -	<u>,                                    </u>	(Firm/Company)			
3290	Northside Parkw	ay, Suite 925			
	<del></del> -	(Address)			
Atlant	ta, GA 30327				
	((	City, State and Zip Code)			
bhend	drick@hrrlaw.con	n			
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
Julia	Hightower		_at (	237-	7521
	(Name of Conta	ict Person)	(Area Code)	(Day	ytime Telephone Number)
dollar \$15 (\$25 fe	rs and drawn on 50.00 Filing Fees or Conversion	a bank located in the  \$155.00 Filing Fees and Certificate of		Fees	sed by this office must be payable in US  \$185.00 Filing Fees. Certified Copy, and
	5 for Articles anization)	Status			Certificate of Status
	Mailing Add				t Address:
	New Filing S				Filing Section
	Division of C	-			ion of Corporations Centre of Tallahassee
	P.O. Box 632 Tallahassee, I				N. Monroe Street, Suite 810

Tallahassee, FL 32303

### **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:

TAH Capital, LLC

7711 Odphot, 220
(Enter Name of Other Business Entity)
limited liability company
2. The "Other Business Entity" is a limited liability company  (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)
October 8, 2015  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TAH Capital, 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
ation data white 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.



 $\Pi$ 

Signed this 20th day of frozvany	_ 20_ 2/	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Thomas J. Harrington	<u>/</u>	
Printed Name: Thomas J. Harrington	Title: Manager	Sign
Fillined Name: Mondo of Manager 1		V
Signature(s)-on behalf of Other Business Entity:	See below for required signature(s)	
Signature: THOMAS J. HARRINGTON		)
Printed Name: // IHOMAS 3. HARRINGTON	/ Intle: MANAGER	
Cimpi		
Signature:Printed Name:	Title:	
Timed Name.		
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tid	
Printed Name:		
Signature		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	I itle:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na		anany io		
The name of the f	Limited Liability Con	npany is.		
TAH Capital, LLC	form and in the consults of its	ited Liability Company, "L.L.C.," or "I	H('')	<del></del>
(N	fust contain the words 1.000	ned manney company. Caracia on a	30C. y	
ARTICLE II - A	ddress:			<i>-</i> ,
The mailing addre	ess and street address	of the principal office of the	Limited Liability	y Company is:
Principal Office	Address:	Mailing Address:	4	
0000 N . II D	- 01	2620 North Dundee	a St	
2620 North Dunde Tampa, FL 33629	e St	Tampa, FL 33629	<u> </u>	
Tampa, 1 E 33023				
-				
(The Limited Liability)	Registered Agent, Re Company cannot serve as its 1 active Florida registration.)	egistered Office, & Register ; own Registered Agent. You must desi )	ed Agent's Sign gnate an individual or	rature: : another
The name and the	Florida street addres	ss of the registered agent are:		
	Thomas J. Harringto	on Name		
		Name		
	2620 North Dundee			
	Florida street add	ress (P.O. Box <u>NOT</u> acceptal	nle)	
	Tampa	FL 33629		
	City	y Zip		
liability com registered agen statutes relati	pany at the place designated agree to act in the proper and combined by the proper and combined agree of my posite the combined agree of the proper and combined agree of the proper agree of the place of	vent and to accept service of pring ignated in this certificate, I he his capacity. I further agree to complete performance of my differ as propertion as registered agent as pro	reby accept the a o comply with the luties, and I am fa ovided for in Chap	ppointment as e provisions of all imiliar with and
	Registered Age	ent's Signature (REQUIRED	)	20
				27
	((	CONTINUED)		9- 24H 1200

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Thomas J. Harrington MGR 2620 North Dundee St. Tampa, FL. 33629 (Use attachment if necessary) ARTICLE V: Other provisions, if any. This company shall be manager managed. **REQUIRED SIGNATURE:** 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 that any false information submitted in a document to the Department of State constitutes a third degree felony

Typed 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)

as provided for in s.817.155, F.S.

Thomas J. Harrington, Manager