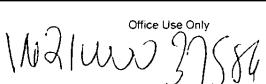
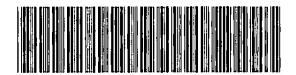
L2 1000237713

(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:



MAY 2 2 2021

T. SCOTT



600360501976

02/22/21--01030--021 ++150.00

21 APR 29 PM 5: 10



March 22, 2021

JULIE TALLSKSEN 409 CHICOPEE CT ST JOHNS, FL 32259

SUBJECT: TALLYS CONSTRUCTION LLC

Ref. Number: W21000037586

We have received your document for TALLYS CONSTRUCTION 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 821A00005963

121 AFF 29 AH 8: 27

P09000013534

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Tally Construing Florida (Name of Resulting Florida)	orida Limited Company)
The enclosed Articles of Conversion, Articles of C Business Entity" into a "Florida Limited Liability	Organization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this n	natter to:
Julie Tallaksen (Contact Person)	
Julie Tallaksen (Contact Person) Tally & Construction LCC (Firm/Company)	·
409 Chicopee Ct. (Address)	
St. John's FL 32259 (City, State and Zip Code)	
Ttally 25 25 a gman. Curve E-mail Address: (to be used for future annual report noti	
For further information concerning this matter, ple	ease call:
Julie Tallaks en at (386 G31-2990 Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United	checks processed by this office must be payable in US States)
	0.00 Filing Fees ertified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

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: Tally = Construction Co. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sacroport town (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, timited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Floride</u> (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{2/11}{2009}$ (date of organization, formation or incorporation)
(date of organization, formation of incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Tallys Construction J LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2/11/2021
(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 11th day of February	_20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Will Printed Name: July Tallers on Willer	TallRa Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
La de la	
Printed Name: Thomas Tallaksen	Title: Vice President
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
	to Donas and in
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Farmer.	
<u>lf Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All othors	
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

The mailing address and street address of the principal office of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
409 Chicoper Ct. St. John's FL 32259	409 Chicopee Ct. St Johns, FL 32259
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: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Julie Tallak Name	Sen
Name	
409 Chicopee Ct Florida street address (P.O.	
St. Johns City	FL 32259 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Julie Tallaksen
	409 Chicuper Ct. St Johns FL 32259
	St Johns FL 32259
MGR	Thomas Tallaksen
	409 Chicupee (t. St. Juhn's FL 32259
	St. John's FL 32259
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) CLE V: Other provisions, if any.	
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•	
CLE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t

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

· ARTICLE IV-

Company: