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(Requestor's Name)	
(Requestors Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Casimoso Chiny Marre)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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05/10/21--01028--029 **180.00



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TOMMY D. PERMENTER, JR.



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471 Telephone
(352) 622-1811
Facsimile
(352) 622-1866
Email
Tommy@Permenterlaw.com

May 6, 2021

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Circle Fore Corporation/ Circle Fore, LLC

Articles of Conversion

Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for Circle Fore Corporation, for filing.

Also, enclosed is our firm's check in the amount of \$180.00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let us know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr., Esquire

TDP/am Enclosures

COVER LETTER

Division of (Corporations					
SUBJECT: Circ		ogultina Elonida I in	wited Con			
	(Name of Ki	esulting Florida Lin	nited Cor	mpany)		
The enclosed Article Business Entity" inte	es of Conversion, Arti o a "Florida Limited I	cles of Organiza Liability Compar	ition, an ny" in a	nd fees are submitted to concordance with s. 605.10	onvert an 45, F.S.	"Other
Please return all corr	respondence concerni	ng this matter to	:			
Tommy D. Permen	ter, Jr., Esquire	•				
	(Contact Person)					4
The Permenter L	aw Firm, P.A.					
_	(Firm/Company)		_			
2201 S.E. 30th	Avenue, Suite 202	1				_
	(Address)		_		(
Ocala, Florida	7 <i>4 4 7 1</i>					3.51 1.5. 10 1.5. 15. 15. 15. 15. 15. 15. 15. 15. 15
	City, State and Zip Code)					<u>۔</u> ڊ
	•					(a)
Tommy@Permenter.			_			
E-mail Address: (10 t	e used for future annual re	eport notifications)				
For further informati	on concerning this ma	atter, please call:				
Florence D D 7						
(Name of Conta	ter, Jr., Esquire			2-1811 time Telephone Number)		
(Frame of Conte	ice i craoni,	(Area Code) (Lay	unie reiephone (vanteer)		
	or the following amou a bank located in the		process	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 Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add	ress:		Street	Address:		
New Filing Se	ection			iling Section		
Division of C				on of Corporations		
P.O. Box 632				entre of Tallahassee		
Tallahassee, I	L 32314			N. Monroe Street, Suite 8	10	
			i anan	assee, FL 32303		

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 "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: Circle Fore Corporation
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation 543912 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
November 24, 1986 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Circle Fore, 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 5th day of May	20_21
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Mac P. Fore	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	
Printed Name: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 Liability Signatures of ALL 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	•
Circle Fore, LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
943 E. Fort King Street Ocala, Florida 34471	P.O. Box 3894 Ocala, Florida 34478	
Ceda, Florida 24471	Senta, Horida 34470	
The name and the Florida street address o Mac P. Fore	of the registered agent are:	
	Name	
943 E. Fort King Street		
	s (P.O. Box NOT acceptable)	
Ocala	FL 34471	
City	Zip	
liability company at the place designa registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated lin ated in this certificate, I hereby accept the appointment of capacity. I further agree to comply with the provisions aplete performance of my duties, and I am familiar with a mas registered agent as provided for in Chapter 605, F.S.	as of all and
	you	
Registered Agent`	's Signature (REQUIRED)	
	<u>.</u>	55.5
(CO)	NTINUED)	
		•
	'm: 4.3	••

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager	Mac P. Fore
	P.O. Box 3894
	Ocala, Florida 34478
	Oction, Frontia 9 (1)
MGR	Noelle N. Smith
	1237 S.E. 8th Street
	Ocala, Florida 34471
(Use attachment if necessary)	
(Ose underlinent it necessary)	
T. F. V. Other provisions, if any	
CLE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	nzv
REQUIRED SIGNATURE:	222-
REQUIRED SIGNATURE:	<u></u>
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	<u></u>

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)