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| TO: New Filing Se Division of C | | | | |
|---|---|-----------------------------------|--------|---|
| | e Treats, LLC | | | |
| SUBJECT: | | Bit of Pite (1904) the fee | 10 | |
| | (Name of Kes | ulting Florida Limite | :a Com | pany) |
| | | | | 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: | | |
| Kim Eger | | | | |
| Big House Treats, LLC | (Contact Person) (Arizona) | | | |
| 235 Highbanks Blvd. # | (Firm/Company) 119. | | | |
| | (Address) | | | |
| Daytona Beach, Florid | a 32114 | | | |
| ((kaeger310@gmail.con | City. State and Zip Code) | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further information | on concerning this ma | tter, please call: | | |
| Kim Eger | | 480 at (| 313-9 | 020 |
| (Name of Conta | ct Person) | | (Dayı | time Telephone Number) |
| | or the following amou a bank located in the | • | rocess | ed by this office must be payable in US |
| \$\overline{\Sigma}\$ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ☐\$155.00 Filing Fees and Certificate of Status | S180.00 Filing and Certified Copy | | S185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Add | | | | Address: |
| New Filing S | | | | Filing Section |
| Division of C P.O. Box 632 | • | | | on of Corporations entre 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 <u>and attached Articles of Organization</u> 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: Big House Treats, LLC |
|---|
| (Enter Name of Other Business Entity) Limited Liability Corporation |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| (Enter state, or it a non-0.5, entity, the name of the country) |
| 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: Big House Treats, 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 2nd day of June | _ 20 <u>~1</u> |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Kim Eger | La simplifica de la companya del companya de la companya del companya de la compa |
| Signature of Authorized Representative: | r Cqu |
| Printed Name: Kim Eger | Tiple: Manager |
| | |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Jun Ger Printed Name: Kim Eger | |
| Printed Name: Kim Eger | Title: Manager |
| Timed Name | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | Tital |
| Printed Name: | Hile: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Filled Patric. | |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| 10 m - 1 | A. D. A. L. L. |
| 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. | Cy Elimited Farthership. |
| organical of <u>repo</u> | |
| All others: | |
| Signature of an authorized person. | |
| · | |
| <u>Fees:</u> | |
| | |
| 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

| Big House Treats, | LLC | | | |
|---|---|---|--|--|
| | | ability Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - A | Admose | | | |
| | | e principal office of the Limited Liability Company i | | |
| Ū | | | | |
| Principal Office | Address: | Mailing Address: | | |
| 235 Highbanks Blvd#119 Daytona Beach, Florida 32114 | | 235 Highbanks Blvd #119 | | |
| | | Daytona Beach, Florida 32114 | | |
| | lorida 32114 | Daytona Beach, Florida 32114 | | |
| Daytona Beach, F | Registered Agent, Regist | ered Office, & Registered Agent's Signature: | | |
| Daytona Beach, F ARTICLE III - The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of a | ered Office, & Registered Agent's Signature: Legistered Agent. You must designate an individual or another | | |
| Daytona Beach, F ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of t | ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: | | |
| Daytona Beach, F ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of t | ered Office, & Registered Agent's Signature: Legistered Agent. You must designate an individual or another | | |
| Daytona Beach, F ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of t | ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: | | |
| Daytona Beach, F ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of Kim Eger 235 Highbanks Blvd #119 | ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: | | |
| Daytona Beach, F ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of Kim Eger 235 Highbanks Blvd #119 | ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: ame | | |
| Daytona Beach, F ARTICLE III - (The Limited Liability business entity with a | Registered Agent, Regist Company cannot serve as its own In active Florida registration.) e Florida street address of t Kim Eger 235 Highbanks Blvd #119 Florida street address (| ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: ame P.O. Box NOT acceptable) 32114 | | |

as of all andaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

ARTICLE IV-

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | 16. E . NOB |
| MGR | Kim Eger MGR |
| | 235 Highbanks Blvd #119 |
| | Daytona Beach, Florida 32114 |
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| (Use attachment if necessary) | |
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| CLE V: Other provisions, if any. | |
| CLE V: Other provisions, if any. | |
| CLE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. | |
| | |
| | 2 |
| REQUIRED SIGNATURE; | 2 |
| LE V: Other provisions, if any. REQUIRED SIGNATURE; | |
| REQUIRED SIGNATURE; | an authorized representative of a member |
| REQUIRED SIGNATURE; Signature of a member or | an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes. I am aware |
| Signature of a member or | with section 605.0203 (1) (b). Florida Statutes. I am aware |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree for |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree for |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree for |
| Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree for period 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)