

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Emity Name) |
| (Document Number) |
| (Bocoment Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

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T. SCOTT



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COVER LETTER

| TO: New Filing S Division of C | | | | | |
|---|---|-------------------------|--|--------------------|--|
| SUBJECT: ROCKIN | G N FENCE COMPANY | LLC | | | |
| | | | ; Florida Limit | ed Con | npany) |
| The enclosed Article Business Entity" into | s of Conversion, Artic a "Florida Limited Li | les o abili | f Organizati ty Company | on, an " in a | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this | s matter to: | | |
| LISA ZAHORIAN | | | | | |
| | (Contact Person) | | | | |
| TAX & FINANCIAL ST | RATEGISTS LLC | | | | |
| | (Firm/Company) | | - | | |
| 28089 VANDERBILT | OR STE 201 | | | | |
| _ | (Address) | | | | |
| BONITA SPRINGS, FL | _ 34134 | | | | |
| | City, State and Zip Code) | | | | |
| LISA@WONDERTAX. | | | | | |
| E-mail Address: (to b | e used for future annual re | port n | otifications) | | |
| For further information | on concerning this ma | | ما موم ميال | | |
| | on concerning this ma | iter, j | nease cail. | | |
| LISA ZAHORIAN | | _at (| 239 |) ⁴⁰⁵⁻⁸ | 3395 |
| (Name of Conta | ct Person) | | (Area Code) | (Day | time Telephone Number) |
| Enclosed is a check f dollars and drawn on | or the following amou a bank located in the | nt: (<i>t</i> Unite | All checks part of the characters of the charact | rocess | sed by this office must be payable in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | | 180.00 Filing Certified Cop | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Addi | ress: | | : | Street | Address: |
| New Filing Se | | | | New F | iling Section |
| Division of C | | | | | on of Corporations |
| P.O. Box 632 | / | | | i ne C | entre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

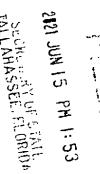
Into

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: ROCKING N FENCE COMPANY LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 10-18-2019 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: |
| ROCKING N FENCE COMPANY 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 |
|------------------------|--|---------------------------------------|
| Signature of Autl | norized Representative of Lim | ited Liability Company: |
| Signature of Author | orized Representative: | |
| Printed Name COL | E.P. NAVARRO | Title: MEMBER |
| Timed Name. <u>552</u> | | Title: was |
| Signature(s) on be | half of Other Business Entity: | [See below for required signature(s)] |
| | | • |
| Signature: | re vo | |
| Printed Name: COL | E.P. NAVARRO | Title: MEMBER |
| Signature: | | |
| Printed Name: | | Title: |
| Titiled (value | | |
| Signature: | -= | |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Drintad Name: | | Title: |
| rinica Name | - | THIC |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florida Corpor | | |
| | nan, Vice Chairman, Director, or | |
| If Directors or Offi | cers have not been selected, an In | corporator must sign. |
| IETI. da. C | I D. A. J. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | A B A 11 |
| Signature of one G | l Partnership or Limited Liabili eneral Partner | ty rartnership: |
| Signature of one O | cherar raturer. | |
| If Florida Limited | Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL | | <u> </u> |
| | | |
| All others: | | |
| Signature of an aut | horized person. | |
| r | | |
| Fees: | | |
| Artiolog of | Conversion: | \$25.00 |
| | orida Articles of Organization: | \$125.00 |
| Certified C | E | \$30.00 (Optional) |
| Certificate | | \$5.00 (Optional) |
| Certificate | or Diarus. | 55.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | y is: | |
|--|---|--|
| ROCKING N FENCE COMPANY LLC | | |
| (Must contain the words "Limited Li | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of th | e principal office of the Limit | ed Liability Company is: |
| | • | , , , , , , , , , , , , , , , , , , , |
| Principal Office Address: | Mailing Address: | |
| 875 5TH ST NW | 875 5 T H ST NW | |
| NAPLES, FL 34120 | NAPLES, FL 34120 | |
| | | |
| (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t TAX & FINANCIAL STRA | he registered agent are: | individual or another |
| N | ame | |
| 2000 VANDEDDILT OD | W 204 | |
| 28089 VANDERBILT DR i | P.O. Box NOT acceptable) | |
| | | |
| BONITA SPRINGS | <u>FL</u> 34134 | |
| City | Zip | |
| | ed in this certificate, I hereby ac pacity. I further agree to comp ete performance of my duties, a | ecept the appointment as aly with the provisions of all and I am familiar with and |

| Λ | D | TI | C | F | IV- |
|-----|----|----|---|---|-----|
| / 1 | 13 | | | | |

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | | |
|--|-------------------|--|--|--|
| "MGR" = Manager | | | | |
| AMBR | COLE P. NAVARRO | | | |
| | 875 5TH ST NW | | | |
| | NAPLES, FL 34120 | | | |
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| (Use attachment if necessary) | | | | |
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| LE V: Other provisions, if any. | | | | |
| EE v. Other provisions, if any. | | | | |
| | - | | | |
| | | | | |
| | | | | |
| REQUIRED SIGNATURE: | | | | |
| /////////////////////////////////////// | | | | |
| I INO M | | | | |

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

COLE P. NAVARRO

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)