# L21000294763

(Requestor's Name)
(Address)
(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:

Office Use Only



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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/24/2021

NAME: HAVENHAYES, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

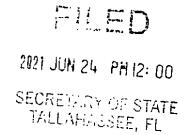
**AUTHORIZATION: ABBIE/PAUL HODGE** 

attack

# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: HAVENHAYES, LLC		
(Name	of Resulting Florida Lin	mited Company)
		ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	erning this matter to:	
CHERYL QUISENBERRY		
(Contact Person)		_
PARKSTONE WEALTH MANAGEMENT	, LLC	
(Firm/Company)	· <del>-</del>	_
1000 BALLPARK WAY SUITE 302		
(Address)		<del>_</del>
ARLINGTON, TEXAS 76011		
(City, State and Zip C	ode)	<del>_</del>
CQUISENBERRY@PARKSTONEWEAL	ТН.СОМ	
E-mail Address: (to be used for future ann	ual report notifications)	
For further information concerning thi	s matter, please call:	l:
CHERYL QUISENBERRY	at ( <u></u>	683-8212
(Name of Contact Person)	(Area Code	de) (Daytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in		s processed 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	Fees S180.00 Filin and Certified Co	<u>-</u>
Mailing Address:		Street Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



# 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: HAVENHAYES, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 12-11-2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: HAVENHAYES, 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.

Signature of Authorized Representative of Juni	red Liability Company:
Si i sa di i IB	und Charles
Signature of Authorized Representative: Printed Name: CHERYL QUISENBERY	Tile: AUTHORIZED PERSON
Frinted Name: OTIEX LE GOIGE (GET)	
Signature(s) on behalf of Other Business Entity: [	See below for required signatu
Signature: Printed Name: CHERYL OVISENBERRY	Title: AUTHORIZED PERSON
Trined (value, 57)	Time, distribution
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
a.	
Signature:Printed Name:	Title:
Timed Name	
Signature:	<del>, _,, </del>
Printed Name:	_ Title:
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	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
Signature of one General Faither.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others:	ty Limited Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.	ty Limited Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	\$25.00 \$125.00
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	<b>\$25.00</b>

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	18:	
HAVENHAYES, LLC (Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
12230 TILLINGHAST CIRCLE PALM BEACH GARDENS, FL 33418	1000 BALLPARK WAY SUITE 302 ARLINGTON, TEXAS 76011	2
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the PARACORP INCORPORA	egistered Agent. You must designate an individua	al or another ♀ ≘
	nme	21 JUN 24 PH 12: CRETWAY OF ST
155 OFFICE PLAZA DRIV		200 <b>₽</b>
Florida street address (F	P.O. Box NOT acceptable)	HIZ: FIST EE, F
TALLALIACCEE	22201	
TALLAHASSEE	FL <sup>32301</sup> Zip	OO OO
	Zip  d to accept service of process for the a d in this certificate, I hereby accept the pacity. I further agree to comply with the performance of my duties, and I am	thove stated limited e appointment as the provisions of all a familiar with and

(CONTINUED)

#### **ARTICLE IV-**

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

	Name and Address:	
R" = Authorized Member		
" = Manager		
	PAUL GOLDSCHMIDT	
	1000 BALLPARK WAY SUITE 302	
	ARLINGTON, TEXAS 76011	<del></del>
	AMY GOLDSCHMIDT	
<del></del>	1000 BALLPARK WAY SUITE 302	
	ARLINGTON, TEXAS 76011	<del></del>
		——————————————————————————————————————
		:" 57 E
ttachment if necessary)		<u> </u>
		יז
Other provisions, if any.		
Odici provisions, ii day.		
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HRED SPONATURE		
JIRED STONATURE	. /	

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.

CHERYL QUISENBERY, AUTHORIZED REPRESENTATIVE OF PAUL GOLDSCHMIDT

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)



# STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE:

06/24/2021

**ENTITY NAME:** 

HAVENHAYES, LLC

# REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated