# L21000 335999

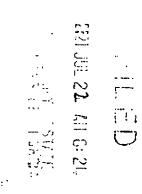
(Re	equestor's Name)	
(Ac	ldress)	-
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
ζ	<b>,</b>	., <b>-,</b>
(Do	cument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		_
		(-3549

Office Use Only



700369369727

57/96/2.--313.1--713 \*-135.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2021

NICKOLAS JONES 10149 SWEETGRASS CIRCLE #407 NAPLES, FL 34104

SUBJECT: GOLF POWDER LLC Ref. Number: W21000097676 2121 JUL 22 AM 8: 24

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Lillie S Kervin Regulatory Specialist II

Letter Number: 121A00015601

## **COVER LETTER**

TO: New Filing Sec Division of Cor			
SUBJECT:	Golf	Doubles	V.C.
SOBJECT:		ilting Florida Limite	d Company)
			on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	this matter to:	
Nickol	as Jones		
Golf	(Contact Person)  Powde( LL (Firm/Company)	٢	
<u>.</u>	Sweetgrass (Address)	Circle 4	407
Naples Fl	34104 y. State and Zip Code)		
Phys G716P	ET IB Damuil.  seed for future annual repo	Com-	
For further information	concerning this matt	er, please call:	
Ni CYDLAS (Name of Contact	Jones Person)	at ( <b>93 L</b> ) (Area Code)	157 - 9553 (Daytime Telephone Number)
	the following amoun	it: (All checks pr	ocessed by this office must be payable in US
(\$25 for Conversion a	3\$155.00 Filing Fees and Certificate of tatus	☐\$180.00 Filing F and Certified Copy	
Mailing Addres New Filing Sect Division of Corp	ion	) ]	Street Address: New Filing Section Division of Corporations
P.O. Box 6327		[]	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 <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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>California</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 12/15/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  (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 1st day of July	20 <u></u> 1		
Signature of Authorized Representative of Lim			
Signature of Authorized Representative: X Printed Name: Nickolas Jones	Title: CEO		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature:  Printed Name: Nick-ulqs Joses	Title: CED/MANAGE	r	
Signature: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 In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:	2121	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	JUL 22	
All others: Signature of an authorized person.		AH 8: 24	
Fees:		# C	
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 1 - Name: The name of the Limited Liability Company is:	
(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:	
10192 GWeetgrass Cirele (Same HADT NAPLES, FL 39104	- - -
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or an business entity with an active Florida registration.)	t <b>ure:</b> other
The name and the Florida street address of the registered agent are:	
NIC. FOLGS Tones  Name  LO142 Sweet grass Circle # 407  Florida street address (P.O. Box NOT acceptable)	11. 21.21 JUL 22
Naples FL 34104 City Zip	AK 8: 24
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate. I hereby accept the apperentiate agent and agree to act in this capacity. I further agree to comply with the pastatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my pasition as registered agent as provided for in Chapte.	ointment as rovisions of ac liar with and

(CONTINUED)

### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGE	Nickolas Jones 10192 Sweet Grass Circle # 407 Naples Fl 34204
<del></del>	
(Use attachment if necessary)	2121 JUL 22
	÷ 2
TICLE V: Other provisions, if any.	••
	<u>  本</u>     <b>                               </b>
	M <sub>10</sub> , Me:- №

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.

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)