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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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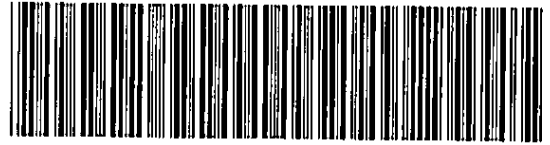
(Business Entity Name)

(Document Number)

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# DEAN MEAD

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Fort Pierce  
Tallahassee  
Viera/Melbourne  
Vero Beach

## LESLIE PERRYMAN

(407) 428-5119  
LPerryman@deanmead.com

August 6, 2021

### Via Overnight Delivery

Florida Department of State  
New Filing Section  
Division of Corporations  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Articles of Conversion / Articles of Organization of Ray Family Blessings, LLC

Dear Sir/Madam:

Enclosed for filing are Articles of Conversion / Articles of Organization to convert Ray Family Blessings LLC from a Colorado limited liability company to a Florida limited liability company to be known as Ray Family Blessings, LLC. Also enclosed is this firm's check in the amount of \$180.00 for the filing fee and a certified copy.

If you have any questions regarding this filing, please feel free to contact me at (407) 428-5119 or via e-mail at lperryman@deanmead.com. Thank you.

Very truly yours,

*Leslie Perryman*

Leslie Perryman  
Paralegal

Enclosures (2)

**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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Ray Family Blessings LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Colorado

(Enter state, or if a non-U.S. entity, the name of the country)

on 12/15/2017

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Ray Family Blessings, 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 13 day of July 2021.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Larry Steven Ray  
Printed Name: Larry Steven Ray Title: Member

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Larry Steven Ray  
Printed Name: Larry Steven Ray Title: Member

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
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 Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ray Family Blessings, 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:

208 Gulfcrest Lane  
Panama City Beach, FL 32413

#### Mailing Address:

208 Gulfcrest Lane  
Panama City Beach, FL 32413

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tom Smart

Name

206 Gulfcrest Lane

Florida street address (P.O. Box **NOT** acceptable)

Panama City Beach

FL 32413

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

TP Smart

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Larry Steven Ray

208 Gulfcrest Lane

Panama City Beach, FL 32413

AMBR

Jana Lynn Ray

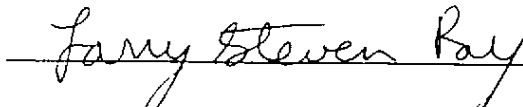
208 Gulfcrest Lane

Panama City Beach, FL 32413

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**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.

Larry Steven Ray

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)**