L21000411219

(Requestor's Name)

(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

700369806737

07/23/21--01017--022 **150.00

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W21-107434

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2021

ROBERT ATKINSON
TREASURE SWAPPER LLC
3912 WILLOW WALK DRIVE
PALMETTO, FL 34221

SUBJECT: TREASURE SWAPPER LLC
Ref. Number: W21000107434

We have received your document for TREASURE SWAPPER LLC and your check(s) totaling $150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 321A00018007

Please see attached signature.
Thank you

# COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Treasure Swapper LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to Section 605.1045, F.S.

Please return all correspondence concerning this matter to:

Robert Atkinson
(Contact)

Treasure Swapper LLC
(Firm/Company)

3912 Willow Walk Drive
(Address)

Palmetto FL 34221
(City, State and Zip Code)

downhomepickers15@gmail.com
(Email Address: (To be used for future notification purposes only)

For further information concerning this matter, please call:

Sandra Atkinson at ( 678 ) 215-2063
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☑ $525.00 Filing Fees ($25 for Conversion & $125 for Articles of Organization)

☐ $155.00 Filing Fees and Certificate of Status

☐ $[illegible] Filing Fees and Certificate of Status

☐ $155.00 Filing Fees and Certificate of Status (Expedited Handling Courtesy of State)

**Mailing Address:**
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:**
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle, Suite 810
Tallahassee, FL 32301

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INHS31 (7/17)

**Articles of Conversion**

to

**"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:

Treasure Swapper LLC

(Enter name of the business entity)

2. The "Other Business Entity" is a Limited Liability

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

First organized, formed or incorporated under the Laws of Georgia

(Enter name of the entity, the name of the country)

on 5/22/2020

(date of organization, formation or incorporation)

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

Treasure Swapper 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 605.1102, F.S.

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Signed this 20th day of July 2021

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

Signature of Authorized Representative: Robert Atkinson
Printed Name: Robert Atkinson Title: Managing Partner

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

Signature: Robert Atkinson X
Printed Name: Robert Atkinson X Title: Managing Partner X

Signature: Sandra Atkinson
Printed Name: Sandra Atkinson Title: Authorized Rep.

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) |

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is

Treasure Swapper LLC
(Must contain the words "Limited Liability Company" 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:** |
|---|---|
| 3912 Willow Walk Dr<br>Palmetto FL 34221 | 3912 Willow Walk Dr<br>Palmetto FL 34221 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate a individual or another business entity with an active Florida corporate status.)

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

Robert Atkinson
Name

3912 Willow Walk Dr.
Florida street address (P.O. Box NOT acceptable)

Palmetto FL 34221
City Zip

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*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..*

Robert Atkinson
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: | Name and Address: |
|---|---|
| "AMBR" Authorized Member<br>"MGR" Manager | |
| MGR | Robert Atkinson<br>3912 Willow Walk Dr<br>Palmetto FL 34221 |
| AMBR | Sandra Atkinson<br>3912 Willow Walk Dr.<br>Palmetto FL 34221 |
| | |
| | |

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Robert Atkinson

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with Section 605.0203(3), 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.

Robert Atkinson

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)**