L21000442551

(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



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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

ATE 10/11/2021			⇔ WALK I
NTITY NAMES.W.F.	Sanibel, Inc.		
DOCUMENT NUMBER_			
	PLEASE FILE TH	HE ATTACHED AND RETURN	
	Plain Copy		
XXXXX	Certified Copy		
XXXXX	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	70N		
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$185		ACCOUNT #: 120160000072	2
Please call Tina at th	he above number for	any issues or concerns. Thank you so	much!

COVER LETTER

Division of C			
SUBJECT: SWF Sa	nibel, LLC		
SUBJECT.	(Name of Res	ulting Florida Limited Co	ompany)
		_	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
	(Contact Person)		
	(Firm/Company)		
	(Address)		
	City, State and Zip Code)		
rebeca.linz@dentons.	com e used for future annual re	port notifications)	
	on concerning this ma		
(Name of Conta	iet Person)	_at ()(Area Code) (D	aytime Telephone Number)
	or the following amou a bank located in the		ssed 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	□\$180.00 Filing Fees and Certified Copy	X\$185.00 Filing Fees. Certified Copy, and Certificate of Status
<u>Mailing Add</u> New Filing S	ection	New	et Address: Filing Section
Division of C P.O. Box 632	•		sion of Corporations 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.

1. The name of the "Other Business Entity" immediate S.W.F. Sanibel, Inc.	ely prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busin	ness Entity)
2. The "Other Business Entity" is a corporation	P93 000 639 7 7 partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws	Florida of
This organized, formed or meorporated and of the laws	(Enter state, or if a non-U.S. entity, the name of the country)
09/08/1993	
on	
3. The name of the Florida Limited Liability Company	as set forth in the attached Articles of Organization:
SWF Sanibel, LLC	
(Enter Name of Florida Limited Liab	oility Company)
4. If not effective on the date of filing, enter the effecti	ve date:
(The effective date: Cannot be prior to date of receiptions)	pt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Depar	
Note: If the date inserted in this block does not meet the applicab	le 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 accord-	ance 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 11th day of	f October	_ 20_21
Signature of Authorized Re	epresentative of Limi	ted Liability Company:
Signature of Authorized Rep	resentative	timothy anglim
Signature of Authorized Rep Printed Name: Timothy Anglim		— b⊮£25761}exo⊲e€ Title: <mark>Manager</mark>
		See below for required signature(s)]
	<i>-</i>	
Signature:	I mothly anglim	Title: President
Printed Name: Timothy Anglim		Title: President
Signature:		
Printed Name:		Title:
Signature:	·	Title:
Printed Name:		Title:
Signature:		
Printed Name:		_ Title:
Signature:		Title:
Trinica Name.		
Signature:		
Printed Name:		Title:
If Florida Corneration.		
If Florida Corporation: Signature of Chairman, Vice C	'hairman Director or i	Officer
If Directors or Officers have n		
If Florida General Partnersh		y Partnership:
Signature of one General Partr	ier.	
If Florida Limited Partnersh	ip or Limited Liabilit	v Limited Partnershin:
Signatures of <u>ALL</u> General Pa		
A.II. (1		
<u>All others:</u> Signature of an authorized per:	con	
Signature of all authorized per	50II.	
Fees:		
Articles of Conversion	n:	\$25.00
Fees for Florida Artic		\$125.00
Certified Copy:	-	\$30.00 (Optional)
Certificate of Status:		\$5.00 (Optional)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager MGR	Timothy Anglim
	17274 San Carlos Blvd, Suite 202
	Ft Myers Beach FL 33931
	T (Myers deach / E 33931
	
	
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Use attachment if necessary)	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
	- Dec (Stanged by
	DocuSigned by:
	Docustaned by: Timothy Lugim
LE V: Other provisions, if any. REQUIRED SIGNATURE:	<i>t</i>
REQUIRED SIGNATURE:	Timothy duglin
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Timothy Anglim	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Timothy Anglim	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awa

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

1007/ PA