L21000443360

(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 Filling Officer.

Office Use Only



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2021 CCT | 1 PM 4: 09

2021 OCT 11 PM 3: 12

RECEIVED

Sunshine State Corporate Compliance Company

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

DATE 10/11/2021		₩ALK IN
ENTITY NAME SWF Be	ach Outlet, Inc	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
XXXXX	Certified Copy Certificate of Status	
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TON	<u>.</u>
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$185	ACCOUNT #: I20160000072	2
	S R FM	
Please call Tina at th	be above number for any issues or concerns. Thank you so	much!

COVER LETTER

Division of C	orporations			
SUBJECT: SWF Be	ach Outlet, LLC			
SUBJECT.	(Name of Res	ulting Florida Limited	d Com	apany)
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization ability Company"	n, and ' in ac	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
	DocuSigned by:			
	Timothy Anglim			
-	(Contact Person)			
	(Firm/Company)			
	(Address)			
	(Address)			
	City, State and Zip Code)			
rebeca.linz@dentons.d	com	<u></u>		
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
		at ()	·	time Telephone Number)
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		ocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing F and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				Address:
New Filing S				Filing Section ion of Corporations
Division of C P.O. Box 632				Centre of Tallahassee
Taliahassee, l				N. Monroe Street, Suite 810
rananassee, i	דו נבנ עו	-		

Tallahassee, FL 32303

TO: New Filing Section

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	on is:
SWF Beach Outlet, Inc. (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation 798000 64999 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business	trust, etc.)
First organized, formed or incorporated under the laws of	
07/21/1998	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organi SWF Beach Outlet, LLC	zation:
(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 day 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 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 an which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sount to

Signed this 11th day of October	20_21
Signature of Authorized Representative of Lim	ted Liability Company:
	Timothy andim
Signature of Authorized Representative: Printed Name: Timothy Anglim	Title: Manager
Trinico ramo.	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Timothy Anglim	Title: President
Trined ivalie.	
Signature:	
Printed Name:	Title:
Cirmatora	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cimataga	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Farther.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
A.W	
All others: Signature of an authorized person.	
Signature of all 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)

ARTICLE I	- Name:			
The name of t	he Limited Liability Compar	y is:		
SWF Beach O	utlet, LLC			
	(Must contain the words "Limited I	iability Company, "L.L.C	.," or "LLC.")	
ARTICLE II	- Address:			
	ddress and street address of t	he principal office o	of the Limited	Liability Compa
Principal Off	fice Address:	Mailing Add	dress:	
17274 San Ca	rlos Blvd, Suite 202	17274 San C	arlos Blvd, Suite	a 202
Ft Myers Beac		Ft Myers Bea		
			<u> </u>	
tile manne and	i the riorida street address of	the registered agent	t are:	
The name and	Timothy Anglim	. <u>.</u> .	t are:	
, ne name and	Timothy Anglim	the registered agent	t are:	
	Timothy Anglim 17274 San Carlos Blvd,	Name Suite 202		
	Timothy Anglim	Name Suite 202 (P.O. Box <u>NOT</u> acc		
	Timothy Anglim 17274 San Carlos Blvd,	Name Suite 202		
	Timothy Anglim 17274 San Carlos Blvd. Florida street address	Name Suite 202 (P.O. Box <u>NOT</u> acc FL 33931		
Having bee liability registered a statutes re	Timothy Anglim 17274 San Carlos Blvd, Florida street address Ft Myers Beach FL	Name Suite 202 (P.O. Box NOT acc FL 33931 Zund to accept services ted in this certificate apacity. I further agolete performance of	ceptable) Zip e of process for accepare to comply my duties, and	pt the appointmen with the provision I I am familiar wit
Having bee liability registered a statutes re	Timothy Anglim 17274 San Carlos Blvd. Florida street address Ft Myers Beach FL City In named as registered agent accompany at the place designal agent and agree to act in this collating to the proper and comple obligations of my position of	Name Suite 202 (P.O. Box NOT acc FL 33931 Zund to accept service ted in this certificate apacity. I further agolete performance of as registered agent a pocusioned by:	ceptable) Zip e of process for e, I hereby acce gree to comply my duties, and as provided for	pt the appointmen with the provision I I am familiar wit

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- 3	ri	м	I V -

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

HAAATSDU A J. 114 1	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Timothy Anglim
<u>INGR</u>	17274 San Carlos Blvd, Suite 202
	Ft Myers Beach FL 33931
	
(He attachment if navagagas)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
	OocuSigned by:
CLE V: Other provisions, if any.	1
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	Timothy Anglim

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)