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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporation				
Division of Corp	orations			
SUBJECT:	SWB 256 LLC	_		
	(Name of Res	ulting Florida Li	mited Con	npany)
				d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all correspo	ondence concerning	g this matter to) :	
Susan W.	Bowen			
((Contact Person)	, —	_ _	
SWB 25	6 LLC			
(1	Firm/Company)			
6991 Lu	pin Lane			
	(Address)			
Lake Wor	th, Florida 33467			
(City,	State and Zip Code)			
swb25	6@gmail.com			
E-mail Address: (to be us	ed for future annual re	port notifications)	
For further information of	concerning this mat	tter, please cal	l:	
Susan W. Bowen		at (248)	252-8646
(Name of Contact P	erson)		de) (Day	time Telephone Number)
Enclosed is a check for t dollars and drawn on a b	_		•	sed by this office must be payable in US
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of atus	□\$180.00 Fit and Certified C		S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee Fl. 3	on orations		New I Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

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.

SWB 256 LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is aLimited Liability Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofVirginia
(Enter state, or if a non-U.S. entity, the name of the country)
on June 12, 2014
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SWB 256 LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: January 1, 2022
(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.
· 202

Signed this 12th day of October, 2021.	_
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Susan W. Bowen ,	Title: Owner/member
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
77.	
Signature: Robert Bowen	Title: Manager/member
Signature:Printed Name:	Title
rimed Name.	
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Trimed (value)	
If Florida Corporation:	007
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Farmer.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 i	s:			
SWB 256 LLC				
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited L	iability Co	mpany	is:
Principal Office Address:	Mailing Address:			
6991 Lupin Lane Lake Worth, Florida 33467	6991 Lupin Lane Lake Worth, Florida	33467		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeriors) business entity with an active Florida registration.) The name and the Florida street address of the	sistered Agent. You must designate an indi-			
The name and the Florida street address of the	t registered agent are.			
Susan W. Bow Nar				
ivai	ne			
6991 Lupin Land Florida street address (P.	O. Box <u>NOT</u> acceptable)			
Lake Worth	FL 33467			
City	Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as to the proper and complete accept the obligations of My position as to the Registered Agent's Si	in this certificate. Thereby acceptacity. I further agree to comply we performance of my duties, and i	t the appoi with the pro I am familia	ntment ovisions our with o	is of all and
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The name and address of each person authorized to manage and control the Limited Liability Company:

	
"AMBR" = Authorized Member	
"MGR" = Manager	Com W. Down
<u>AMBR</u>	Susan W, Bowen
	6991 Lupin Lane
	Lake Worth, Fl 33467
MGR	Robert Bowen
	6991 Lupin Lane
	Lake Worth, FI 33467
-	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
·	R. Bowen
REQUIRED SIGNATURE: Signature of a member This document is executed in accord	r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a membe This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a membe This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	dance with section 605.0203 (1) (b). Florida Statutes, I am aware document to the Department of State constitutes a third degree fe

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