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

Office Use Only

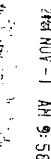
T. SCOTT

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REAVIS LAW LLC

Counsel for Business

James O. Reavis Direct Dial.: (401) 272-5504 E-mail.: jreavis@reavis-4.aw.com

October 27, 2021

VIA FIRST CLASS MAIL

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed for filing are the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company and Articles of Organization for Florida Limited Liability Company for Plandome Capital LLC along with a check in the amount of \$155.00 for filing fees and a Certificate of Status payable to the Florida Department of State.

Please do not hesitate to contact me with any questions you may have.

Very truly yours,

Jámes O. Reavis

Enclosures

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Plandome Capital LLC		
DODGE	tesulting Florida Limi	ted Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	icles of Organizat Liability Compan	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence concerns	ing this matter to:	
James O. Reavis		_
(Contact Person)		
Reavis Law LLC		
(Firm/Company)		
245 Waterman Street, Suite 109		
(Address)		_
Providence, RI 02906		
(City, State and Zip Code	;)	-
jreavis@reavis-law.com		
E-mail Address: (to be used for future annual	report notifications)	_
For further information concerning this n	natter, please call:	
James Reavis	at (401	272-5504
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the		processed 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	s \$180.00 Filin and Certified Co	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: Plandome Capital LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
lanuary 24, 2014
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Plandome Capital 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

3 _TH	
Signed this 25 day of October	_ 20 <u>21</u>
Signature of Authorized Representative of Limit	ted Lighility Company
Signature of Authorized Representative of Linns	The Diability Company.
Signature of Authorized Representative: Printed Name: Riordon B. Smith	wide Bened
Printed Name: Riordon B. Smith	Title: Authorized Member
Tunes Ivane.	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Recordon Bacuil	*
Signature:	TV
Printed Name: Riordon B. Smith	Title: Authorized Member
a.	
Signature:	Title
Printed Name:	_ ride
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
O' and and	
Signature:Printed Name:	
Frinted Name.	True
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
vern in the last of the last of the last of the last	to I instand Dominouskins
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
orginatures of ALLE Ocheral Faithers.	
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 Lim	: ited Liability Company	is:		
Plandome Capital LLC			ian wien	
(Must	contain the words "Limited Lial	oility Company, "L	LC.," or "LLC.")
ARTICLE II - Add The mailing address		principal offi	ce of the Lim	ited Liability Company is:
Principal Office Ad	dress:	Mailing	Address:	
411 Indian Harbor Roa	ad	411 India	n Harbor Road	
Vero Beach, FL 32963		Vero Bea	ch, FL 32963	
(The Limited Liability Com- business entity with an act	ristered Agent, Registe upany cannot serve as its own Re ive Florida registration.) orida street address of the	egistered Agent. Yo	ou must designate	Agent's Signature: an individual or another
	Riordon B.	Smith		
_	N	ame		•
	411 Indian H	larbor Road		
-	Florida street address (P.O. Box <u>NO</u>	acceptable)	•
	Vero Beach	FL	32963	
-	City		Zip	•
		_		e a landimi

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Riordon B. Smith
	411 Indian Harbor Road
	Vero Beach, FL 32963
<u></u>	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	J.A
	Shirt
REQUIRED SIGNATURE: Signature of a member	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware the current to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member	

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

ARTICLE IV-