L21000503515

(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



200377016102

03/01/01--010/4--000 **159.00

11/29/21

COVER LETTER

Division of Corporations		
SUBJECT: OVER JUPITER	LLC	
(Name of Re	esulting Florida Limited Co	ompany)
The enclosed Articles of Conversion, Arti- Business Entity" into a "Florida Limited I	cles of Organization, a liability Company in	and fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please return all correspondence concerning	ng this matter to:	
PAUL TATE		
PAUL TATE (Contact Person)		
OVER JUPITER LLC (Firm/Company)		
3882 WOOD THRUSH DRIVE		
(Address)		
KISSIMMEE FL 34744 (City, State and Zip Code)		
(City, State and Zip Code)		
E-mail Address: (to be used for future annual re	com	
E-mail Address: (to be used for future annual r	eport notifications)	
For further information concerning this ma	atter, please call:	
PAUL TATE	ar (5/3) 2	20-4406
PAUL TATE (Name of Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the	unt: (All checks proces United States)	ssed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:	Stree	t Address:
New Filing Section		Filing Section
Division of Corporations		ion of Corporations
P.O. Box 6327		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: OVER SUPITER LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 04/14/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OVER JUPITER 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 605,1061-605,1072, F.S.

Signed this 5th day of MARCH	20 21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: PAUL TATE	Title: OWNER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Same A	
Signature: Jane A. Printed Name: PAUL TATE	Title: OWNER
Cirmatura	
Signature: Printed Name:	Title:
Signature: Printed Name:	****
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Simono	
Signature:Printed Name:	Title
Signature:Printed Name:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of Prints Contract Curiners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00 V
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

NIED TUDITE	=P 110		
OVER JUPITER LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3882 WOOD THRUSH DRIVE KISSIMMEE FL 34744	same		
	ered Office, & Registered Agent's Signature: Registered Agent, You must designate an individual or another		

REGISTERED AGENTS (NC.

Name

7901 4th St. N. Ste#300

Florida street address (P.O. Box NOT acceptable)

St. Petersburg FL 33702

City City Zip

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)

The name and address of each persor Company:	n authorized to manage and control the Limited Liability		
Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager _MGL /AMBR	PAUL TATE 3882 WOOD THRUSH DR		
_INUIS LAMBIC			
	KISSIMMEE FL 34744		
			
<u> </u>			
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
Jane 20	<u> </u>		
Signature of a member or a This document is executed in accordance of	in authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony		
PAUL TOTE			
Typ	ned 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)

ARTICLE IV-