# L21000515728

(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



700375308327

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	
	AUTHORIZATION	:	Spullenan
	COST LIMIT	:	\$ 150.00
ORDER DATE :	December 7, 2021		
ORDER TIME :	9:48 AM		
ORDER NO. :	287832-005		
CUSTOMER NO:	7200721		
NAME :	DOMESTIC AMI		
EFFECTIV	/E DATE:		
	OF CONVERSION AND ARTICLES OF INCOM		
PLEASE RETURN	THE FOLLOWING AS I	PROC	OF OF FILING:
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STAM	NDI1	1G

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

#### **COVER LETTER**

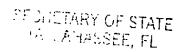
	Filing S	ection forporations			
15141.		•			
SUBJECT:		Julie Vaughn, LLC (Name of Res	sulting Florida L	imited Cor	npany)
					nd fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.
Please return	n all corr	espondence concernin	g this matter t	:0;	
Scott L. Gla	zier				
		(Contact Person)			
Glazier, Glaz	ier & Diet	rich, P.A.			
		(Firm/Company)			
8833 Perime	ter Park E	Blvd., Suite 1002			
<del></del>		(Address)	<del></del>	<del></del>	
Jacksonville.	FL 3221	6			
	((	City, State and Zip Code)		<del>-</del>	
juliemovesja	(@gmail.d	com			
E-mail Add	dress: (to b	e used for future annual re	port notification	s)	
For further i	nformati	on concerning this ma	tter, please ca	и:	
Scott L. Glaz	ier		_at (	, 997-	1033
(Nam	e of Conta	ct Person)	(Area Co	ode) (Day	rtime Telephone Number)
		or the following amou a bank located in the			sed by this office must be payable in US
S150.00 Fil (\$25 for Conve & \$125 for Art of Organization	rsion icles	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis P.O.	Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

2021 DEC -8 PM 2: 59

## 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 is:  Julie Vaughn Real Estate, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation  (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)
Sept. 9, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Julie Vaughn, 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 7 <sup>th</sup> day of December	2021
Signature of Authorized Representative of Lim	
Signature of Authorized Range entative. Aulie 1/2	and a
Signature of Authorized Representative: Julia Va Printed Name: Julie L. Vaughn	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(
Signature: <i>Julie Vaughr</i> Printed Name: Julie L. Vaughn	
Printed Name: Julie L. Vaughn	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
•	
Signature:Printed Name:	Title:
Timed Funds.	11110.
Signature:	Trail.
Printed Name:	1 itie:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. All others:	
If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees: Articles of Conversion:	
If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	ty Limited Partnership:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Julie Vaughn, LLC		
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Li	iability Company is:
Dringing Office Address.	8 C - 212 6 - 2 2	
Principal Office Address:	Mailing Address:	
10533 Aventura Drive	10533 Aventura Drive	
Jacksonville, FL 32256	Jacksonville, FL 32256	
	<del> </del>	
ARTICLE III - Registered Agent, Register	ed Offica & Registered Agent?	s Signaturo:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	a radictored agent are:	0 89
The name and the Florida street address of the	e registered agent are.	
Glazier, Glazier & Dietrich,	P.A	
Na	me	ا ب <sup>انت</sup> سب
8833 Perimeter Park Blvd.,	Suite 1002	
<del></del>	O. Box NOT acceptable)	경우 교
Florida street address (F		E ST 2:
Jacksonville	FL <sup>32216</sup>	12.
City	Zip	m —
·	-	

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)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR, MGR	Julie L. Vaughn
	10533 Aventura Drive
	Jacksonville, FL 32256
	<del></del>
<del></del>	
	-
(Use attachment if necessary)	
(400	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
0.0 11 8	
ywie Vaughr	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
i ma document is executed in accordance	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree f
any false information submitted in a docum as provided for in s.817.155, F.S.  Julie L. Vaughn	
any false information submitted in a docum as provided for in s.817.155, F.S.  Julie L. Vaughn	nent to the Department of State constitutes a third degree for printed name of signee  Filing Fees

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