# L21000527852

(Re	questor's Name)	
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(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(0)	ocument Number)	
(50	you man man and	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **Filing Cover Sheet**

Fo: Florida Division of Corporations	
From: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 12/17/2021	
Frans#: 1259034	
Entity Name: <u>ALBERTA ESTATES CORP. (FL) CONVE</u>	RTING INTO TYLER NILSSON, LLC
Articles of Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion (XXX)	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )
STATE FEES PREPAID WITH CHECK <u>#2485</u> FOR <u>\$180.00</u>	
PLEASE RETURN:	
Certified Copy (xxx) Plain Stamped Copy	( )
Good Standing ( ) Certificate of Fact ( )	

515 E. Park Ave. 2<sup>nd</sup> FL Tallahassee, FL 32301

Phone: 855-498-5500



## **Filing Cover Sheet**

	<del></del> -
<b>To:</b> Florida Division of Corporations	
From: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 12/17/2021	
Trans#: 1259034	
Entity Name: ALBERTA ESTATES CORP. (FL	.) CONVERTING INTO TYLER NILSSON, LLC
Articles of Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion (XXX)	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	Partnership Registration ( )
STATE FEES PREPAID WITH CHECK #2485 FOR	<u>\$180.00</u>
PLEASE RETURN:	
Certified Copy (xxx) Plain Stampe	d Copy ( )
Good Standing ( ) Certificate of Fa	act ( )

#### **COVER LETTER**

	New Filing S Division of C				
	CT: Tyler Nil	•			
SODOL	<u>.                                 </u>		sulting Florida Lim	ted Cor	mpany)
					nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please r	eturn all corr	espondence concernin	g this matter to:		
Tyler Nii	Isson				
		(Contact Person)		•	
		(Firm/Company)	·····	-	
82301 S	even Mile Dr			_	
		(Address)			
Ponte V	edra Beach, F	L 32082		_	
	((	City, State and Zip Code)		•	
tnilsson3	35@hotmail.co	om		_	
E-mai	il Address: (to b	e used for future annual re	port notifications)		
For furt	her informati	on concerning this ma	tter, please call;		
Andy Ga	rcia, Esq.		_at (	,839-	4214
	(Name of Conta	et Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the		roces	sed by this office must be payable in US
(\$25 for C	r Articles	S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
_	Mailing Addi New Filing Se				t Address: Filing Section
	Division of C			Divisi	ion of Corporations
	O. Box 632				entre of Tallahassee
ï	Fallahassee. F	FL 32314		<i>1</i> 415	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.

Alberta Estates Corp	"immediately prior to the filing of the Articles of Conversion is:
(Enter Name o	of Other Business Entity)
2. The "Other Business Entity" is a corpora	ation 716000098849
(Enter entity type: Example: corpora	ation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated und	ler the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
12/14/2016	
on 12/14/2016 (date of organization, formation or incorporation)	<u></u>
3. The name of the Florida Limited Liabilit	ty Company as set forth in the attached Articles of Organization:
Tyler Nilsson, LLC	
(Enter Name of Florida	(Limited Liability Company)
4. If not effective on the date of filing, ente	r the effective date:
	ate of receipt or filed date nor more than 90 calendar days after

- 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 15 day of December	20_7_1
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative:	/
Signature of Authorized Representative:  Printed Name: Tyler Nilsson	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
<del></del>	
Signature:	
Printed Name: Tyler J. Nilsson	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:Printed Name:	Title
Trinted Name.	Title.
Signature:	
Signature:Printed Name:	Title:
Cimeture	
Signature:Printed Name:	Title
rinked Name.	
<u>If Florida Corporation:</u>	
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 Dortnership
Signature of one General Partner.	ty ( arthership.
5.5	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others.	
All others: Signature of an authorized person.	
signature of an authorized person.	
F <u>ees:</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 1 - Name: The name of the Limited	Liability Company is	::		
Tyler Nilsson, LLC (Must contain	n the words "Limited Liabil	ity Company, "L.L.C.," or "	rt.t.c.")	<u> </u>
ARTICLE II - Address: The mailing address and s				Company is:
Principal Office Addres	<u>s:</u>	Mailing Address	<u>:</u>	
8301 SEVEN MILE DR		8301 SEVEN MILE		<del></del>
PONTE VEDRA BEACH, F	L 32082	PONTE VEDRA BE	EACH, FL 32082	<del></del>
ARTICLE III - Register (The Limited Liability Company of business entity with an active Florida  The name and the Florida  Tyler I	annot serve as its own Regi- rida registration.)	stered Agent. You must des	ignate an individual or a	2021 DEC 17 PH 4: 57 SECRETARY OF STAT
8301	Nam SEVEN MILE DR	e		C17 1
	da street address (P.C	). Box <u>NOT</u> acceptal	ble)	ASSEE
PONT	E VEDRA BEACH	FL 32082	<del></del>	: 57 STAT
	City	Zip		मां
registered agent and ag statutes relating to the accept the obligation	the place designated i ree to act in this capa	n this certificate, I her city. I further agree to performance of my di egistered agent as pro	reby accept the ap o comply with the uties, and I am fan wided for in Chapt	pointment as provisions of all niliar with and

(CONTINUED)

	DT	'n	CI	R	IV.
-	ĸ				1 V -

•

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Tyler Nilsson
	8301 SEVEN MILE DR
	PONTE VEDRA BEACH, FL 32082
·	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u> </u>	
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 the ment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	
•	JE L
Tyler Nilsson	11/2
Ty	ped or printed name of signee
	g754) #1

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)