LD1 000534602

(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



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COVER LETTER

Division of Co	orporations						
Sunrise P	ath, LLC.						
SUBJECT:	(Name of Res	ulting Florida Li	mited Con	npany)	_		
		_		d fees are submitted to coordance with s. 605.			Other
Please return all corre	spondence concerning	g this matter t	o:				
Maria Victoria alonso							
Sunrise Path, LLC.	(Contact Person)						
3490 SE 193rd Place	(Firm/Company)						
Yankeetown, Florida 34	(Address) 498					rsa.	
(C mvaspain@protonmail.	City, State and Zip Code)					# 15.3	•
E-mail Address: (to be	e used for future annual re	port notification	s)		•	23	
For further information	on concerning this ma	iter, please ca	I I:			Tri Tri	
Maria Victoria alonso	Ŭ	307 at (629 6	3163	. ' æ	12: 33	
(Name of Contact	ct Person)		ode) (Day	ytime Telephone Number)		$\tilde{\omega}$	
	or the following amou a bank located in the	•	•	sed by this office must	t be paya	able ir	ı US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified	_	\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Addi New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Sui hassee, FL 32303	ite 810		

TO: New Filing Section

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Sunrise Avenue, LLC.
(Enter Name of Other Business Entity) Limited Liability Company
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et Wyoming
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
12/11/2014
on .
on
(Enter Name of Florida Limited Liability Company) Jan 1st, 2022
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 20th day of December	_ 20			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Maria Victoria alonso	Title: AMBR			
Signature(s) on behalf of Other Business Entity:				
Signature:				
Signature: Printed Name: Hazel Coombos	Title: AMBR			
Signature:				
Printed Name:	Title:	,		
Signature:				
Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	_ Title:	<u>.</u>		
Signature:	T'.1			
Printed Name:	_ ritie;	,		
Signature:Printed Name:	71.4			
Printed Name:		<u>·</u>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.			/ <u>%</u>] :	
<u>Fees:</u>			: 28	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		8 PK 12: 34	; T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
Sunrise Path, LLC.			
(Must contain the words "Limited Li	ability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal offi	ce of the Limit	ed Liability Company is:
Principal Office Address:	Mailing .		occupany sompany so
3490 SE 193rd PI	3490 SE 1	93rd Pl	
Yankeetown,	Yankeetov	vn	
Florida, 34498	Florida, 34	1498	
The name and the Florida street address of t Barry Yates		gent are:	
N	lame	-	
3490 SE 193rd Place			
Florida street address ((P.O. Box <u>NOT</u>	acceptable)	
Yankeetown	FL		
City		Zip	
	ed in this certific apacity. I furthe lete performance	cate, I hereby a r agree to com e of my duties, nt as provided	iccept the appointment as ply with the provisions of all and I am familiar with and
			12:3t

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as provided for in s.817.155, F.S.

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		
AMBR	Maria Victoria alonso	
	3490 SE 193rd Place	
	Yankeetown, Florida 34498	
AMBR	Hazel Coombes	
	3490 SE 193rd Place	
	Yankeetown, Florida 34498	
		
		<u>.</u>
		-
		_
		_
(Use attachment if necessary)		
(Ose attachment if necessary)		
		2
CLE V: Other provisions, if any.		2921
	n and authorize decisions regarding Sunrise Path, LLC	<u>; </u>
in the state of th	r	
		<u>-22</u>
		-0
REQUIRED SIGNATURE:		15
REQUIRED SIGNATURE:	a S ·	12: 34
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11 2000	•	

Typed 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)