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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bo	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 JAN 18 AM 8: 12 SECRETARY OF STATE TALLAHASSEE, FL

RECEIVED

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 412221 8269998
AUTHORIZATION: Synell de man
COST LIMIT : \$ 180.00
ORDER DATE : January 18, 2022
ORDER TIME : 2:08 PM
ORDER NO. : 412221-010
CUSTOMER NO: 8269998
DOMESTIC AMENDMENT FILING
NAME: LAPWORTH CASTLE ENTERPRISES, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: _

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: New Filing Section Division of Corporation	ıs	
LADMODILI CASTI	LE ENTERPRISES, LLC	
	(Name of Resulting Florida Limit	ed Company)
	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence	e concerning this matter to:	
Meghan Davis		
(Contact l	Person)	
Kluk Farber Law PLLC		
(Firm/Con	mpany)	
166 Mercer Street, #6B		
(Addr	ress)	
New York, NY 10012		
- <u> </u>	ad Zin Cuda)	
(City, State an meghan@klukfarber.com	id Zip Code)	
E-mail Address: (to be used for fu	duna annual ranam actifications)	
E-mail Address: (to be used for iti	nure annual report notifications)	
For further information concern	ning this matter, please call:	
Meghan Davis	at (856	, 229-1291
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the follodollars and drawn on a bank loc	• •	rocessed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square{1}\$\$\$\$\$\$\$\$\$ \$155.00 and Certification \$	Filing Fees and Certified Cop	
Mailing Address: New Filing Section Division of Corporation P.O. Box 6327	s	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

2022 JAN 18 AM 8= 12

SECRETARY OF STATE TALLAHASSEE, FL

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:
LAPWORTH CASTLE ENTERPRISES, 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.
(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)
5/30/2021
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LAPWORTH CASTLE ENTERPRISES, 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.)
<u>Note:</u> 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 5 day of Jon	20 <u></u>
Signature: Signature: Sole Member Signature: Signature Signature Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:	Signature of Authorized Representative of Lim	ited Liability Company:
Signature: Signature: Sole Member Signature: Signature Signature Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:	Signature of Authorized Representative	
Signature: Signature: Sole Member Signature: Signature Signature Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:	Printed Name: CURT CLEMENS	Title: SOLE MEMBER
Signature:		
Printed Name: CURT CLEMENS Signature:	Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Printed Name: CURT CLEMENS Signature:	Si	
Signature: Printed Name: Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:	Printed Name: CURT CLEMENS	Title: SOLE MEMBER
Printed Name:	Timed Ivanic.	Title. Gold Michigan
Printed Name:	Signature:	
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:	Printed Name:	Title:
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All others:		ty Districts I divincing in p.
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Signature of an authorized nercon	All others:	
organization an audiorized person.	Signature of an authorized person.	
Γοςο.	Faces	
<u>rees.</u>	Fees:	
Articles of Conversion: \$25,00	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 Limited Liability Company is: LAPWORTH CASTLE ENTERPRISES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:	
757 SE 17th Street, Suite 896	757 SE 17th Street, Suite 896	
Ft. Lauderdale, FL 33316	Ft. Lauderdale, FL 33316	
	gistered Office, & Registered Agent's Signature;	_
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another of the registered agent are:	
business entity with an active Florida registration.)	of the registered agent are:	2022 JAN 18 AT 0
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are: ALLAHASSE Company Company	
business entity with an active Florida registration.) The name and the Florida street address Corporation Service 0 1201 Hays Street	of the registered agent are: ALL/HASSETARY OF STARY Name ALL/HASSETARY OF STARY NAME ALL/HASSETARY OF STARY	ALL O

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)

ARTICLE IV-	
The name and address of each person aut	norized to manage and control the Limited Liability

Company:

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	CURT CLEMENS
	757 SE 17th Street, Suite 896
	Ft. Lauderdale, FL 33316
	
(Use attachment if necessary)	
F V. Other provisions if any	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a mambar
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a document in	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. CURT CLEMENS	with section 605.0203 (1) (b), Florida Statutes. I am aware t