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	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of C				
SUBJECT: 19th Hole	e Partners, LLC			
301, ECT.	(Name of Res	ulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corru	espondence concerning	g this matter to:		
Caroline Klotz				
	(Contact Person)			
19th Hole Partners, LL	С			
	(Firm/Company)			
2801 Ocean Drive #20	5			
_	(Address)		-	
Vero Beach, FL 32963				
((Lity, State and Zip Code)		-	
SOTS@Dowling.com				
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further information	on concerning this mat	ter, please call:		
Caroline Klotz		_at (676-	7331
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		roces	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addi	ress:			t Address:
New Filing So				Filing Section
Division of C				ion of Corporations Centre of Tallahassee
P.O. Box 632	1		THE C	cinic of Fahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



December 22, 2021

CAROLINE KLOTZ 2801 OCEAN DR #205 VERO BEACH, FL 32963

SUBJECT: 19TH HOLE PARTNERS, LLC

Ref. Number: W21000160981

We have received your document for 19TH HOLE PARTNERS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 021A00030937

www.sunbiz.org

Division of Compactions D.O. POV 6227 Tallahoggas Florida 2221

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 Articl 19th Hole Partners, LLC	es of Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or business trust, etc.)
First organized, formed or incorporated under the laws of CT (Enter state, or if a non-U.S. entity, the	name of the country)
04/26/2018 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Organization:
19th Hole Partners, 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 9 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 dat document's effective date on the Department of State's records.	0 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraise which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	sal rights the amount to
	œ _
	Û

Signed this 7th day of December	20 <u>21</u>
Signature of Authorized Representative of L	inida talah da
Signature of Authorized Representative of L	Ald It
Signature of Authorized Representative:	VI MM
Printed Name: Vincent J. Dowling, Jr.	Title: Manager
	· • (1
Signature(s) on behalf of Other Business Entit	<u>v:</u> See below for required signature(s)
`\\\\\ \\	
Signature: Vincent J. Dowling	V (771 - VA (A A A A A A
Printed Name: VINCENT J. DOWNING	JV Title: YYLarrager
Signature	
Signature: Printed Name:	Title:
Timee (Mine.	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	70.1
Printed Name:	little:
Signature	
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, at	
The interest of the circular and the circular at	Theorporator mast sign.
If Florida General Partnership or Limited Lia	bility Partne <u>rship:</u>
Signature of one General Partner.	
1f Florida Limited Partnership or Limited Lia	bility Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
organia or an announce persona	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organizatio	
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:
19th Hole Partners, LLC	
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2801 Ocean Drive # 205	PO Box 644490
Vero Beach, FL 32963	Vero Beach, FL 32963
I'he name and the Florida street address of the IBNR, LLC Na	ne registered agent are:ame
2801 Ocean Drive #205	
Florida street address (F	P.O. Box <u>NOT</u> acceptable)
Vero Beach	FL ³²⁹⁶³
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	ed to accept service of process for the above stated limited d in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Vincent J. Dowling, Jr.
	2801 Ocean Drive #205
	Vero Beach, FL 32963
MGR	Vincent J. Dowling, Jr.
	2801 Ocean Drive #205
	Vero Beach, FL 32963
	
(Use attachment if necessary)	
(vise attachment it necessary)	
LE V: Other provisions, if any.	
_ 	
	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Λ.I.	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE	
	7F
Signature of a member	or an authorized representative of a member ∞
Signature of a member. This document is executed in accord.	or an authorized representative of a member on an experimental control of the con
Signature of a member	or an authorized representative of a member on an experimental control of the con
Signature of a member. This document is executed in accordany false information submitted in a deas provided for in s.817.155, F.S.	or an authorized representative of a member on an experimental control of the section 605.0203 (1) (b). Florida Statutes, I am aware, I aware, I am aware, I aw
Signature of a member. This document is executed in accordany false information submitted in a deas provided for in s.817.155, F.S. Vincent J. Dowling, Jr.	7F

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)