L22000080929

(Re	questor's Name)	
(Add	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
<u> </u>		





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SECRETARY OF STATE

2022 FEB 25 PM 4: 17



November 23, 2021

ANTON MORROW 909 SW 27TH TER BOYNTON BEACH, FL 33435

SUBJECT: ANTON MORROW LLC

Ref. Number: W21000151107

We have received your document for ANTON MORROW LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in Articles of Conversion. A signature is missing. Also, the word " owner " cannot be used as a title.

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.

DÄNIEL L O'KEEFE Regulatory Specialist II

Letter Number: 121A00028344

SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corpora					
SUBJECT: Anto	n Morrow L	-L(
SUBJECT:	(Name of Resultin	ng Florida Limite	d Company)		
The enclosed Articles of C Business Entity" into a "Fl	Conversion, Articles Iorida Limited Liabi	of Organizatio lity Company	n, and fees in accorda	are submitted to convert an "Otnice with s. 605.1045, F.S.	hei
Please return all correspon	dence concerning th	nis matter to:			
Anton Ma	OMOW ontact Person)				
909 SW 2	rn/Company) 714 Ter				
Boynton Beach	(Address) LFL 3343 State and Zip Code)	5			
E-mail Address: (10 be used					
For further information co	oncerning this matter	r, please call:			
Anton Momou (Name of Contact Per	·	at (<u>717</u> (Area Code)	706 (Daytime T	- 5863 elephone Number)	
Enclosed is a check for the dollars and drawn on a ba	e following amount: nk located in the Un	: (All checks paited States)	rocessed by	this office must be payable in t	JS
	Certificate of	☑\$180.00 Filing and Certified Cop	y Certi	185,00 Filing Fees. ified Copy, and ificate of Status	
Mailing Address: New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	on orations		The Centre 2415 N. M		

1.

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Pennsylvania (Enter state, or if a non-U.S. entity, the name of the country)
on S/21/18 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Anton Morrow 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.

2022 FEB 25 PM 4: 17

Signed this 8th day of November	20_21		٠		
Signature of Authorized Representative of Limi	ited Liability Company:				
Signature of Authorized Representative: 1117 Printed Name: Anton Morraw	MW Title: brace	Manag	en		
Signature(s) on behalf of Other Business Entity:	[See below for required sign	ature(s)]			
Signature: And Morrow Printed Name: And Morrow	Y Title: Manayer		X		
Signature:Printed Name:	•	ĺ	,		
Signature:Printed Name:	Title:				
Signature:Printed Name:	Title:				
Signature:Printed Name:	Title:				
Signature:Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In					
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:				
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:				
All others: Signature of an authorized person.			SECRE FALLAH	2022 FEB	- <u>`</u>
Fees:			IARY ASSE	B 25	_
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		Y OF STATE EE, FLORIDA	PM 4: 17	アートトレ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Anton Morow ULC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
909 SW 27th 7er Baynton Beach, FL 33435 Buynton Beach, FL 33435
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Mame
909 SW 271h Ter
Florida street address (P.O. Box <u>NOT</u> acceptable)
Boynton Beach FL 33435 City Zip
City Zip
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)

FILED

122 FEB 25 PM 4:
SECRE JARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	And Money 909 Sw 27th Ter Boynton Beach, FC 33435
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	SECRETARY OF TALL AHASSEE
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member of statutes. I amount to the Department of State constitutes a third degree fellow
Anto	yped or printed name of signee
Τ	yped 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)

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

1.

Company:

ARTICLE IV-