LZZOCCO 83117

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1011.000 2.100)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
100/9000 72/12
W22 COCCO 2303

Office Use Only



500376666875

01/03/22--01028--021 **150.00

1022 FEB -9 PM 12: 11.



January 8, 2022

DAVID B. PLEAT 4477 LEGENDARY DR STE 202 DESTIN, FL 32541

SUBJECT: DOUBLE G 42, LLC Ref. Number: W22000002303

We have received your document for DOUBLE G 42, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon Regulatory Specialist II Supervisor Letter Number: 322A0000602

www.sunbiz.org

COVER LETTER

SUBJECT: DOUBLE	G 42, LLC						
		ulting Florida L	imited Cor	npany)	_		
				nd fees are submitted to accordance with s. 605.1			ıer
Please return all corr	espondence concernin	g this matter t	o:				
David B. Pleat							
	(Contact Person)	<u> </u>					
Pleat & Perry, P.A.							
	(Firm/Company)	· -					
4477 Legendary Drive	, Suite 202						
	(Address)						
Destin, FL 32541							
	City, State and Zip Code)						
theresa@pleatperry.co	om						
E-mail Address: (to b	e used for future annual re	port notification	s)				
For further informati	on concerning this ma	tter, please ca	11:				
David B. Pleat		at (850	\650-	0599			
(Name of Conta	act Person)		ode) (Da	ytime Telephone Number)	_		
	for the following amou a bank located in the	•	-	sed by this office must	be payab	le in U	S
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fit and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	SLUNE TA	2022 FEB -	T ;
Mailing Add	ress:		Stree	et Address:	SEX	Ó	-
New Filing S				Filing Section		PH 12:	Mi
Division of C				ion of Corporations	윘	<u>:</u>	
P.O. Box 632				Centre of Tallahassee	5-	=	
Tallahassee, l	FL 32314			N. Monroe Street, Suite	6 810		
			i alla	hassee, FL 32303			

TO: New Filing Section

Division of Corporations

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.

	 '
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example: corporation, lir	nited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the	laws of
11/01/2021	
on(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com	npany as set forth in the attached Articles of Organization:
DOUBLE G 42, LLC	
(Enter Name of Florida Limite	d Liability Company)
the date this document is filed by the Florida D	receipt or filed date nor more than 90 calendar days after pepartment of State.) plicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in ac	cordance with all applicable statutes.
6. The "Converted or Other Business Entity" has ag which such members are entitled under ss. 605.10	reed to pay any members having appraisal rights the amount to 006 and 605.1061-605.1072, F.S.
	5

Signed this 22 ⁿ² day of December	20 21			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative: Printed Name: Guenter Bosner	Title: Managing Member			
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)]			
Signature:	Tit Desident			
Printed Name: Guenter Bosner	Title: President			
Signature: Printed Name:	Title:			
Signature:		_		
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	_ Title:	-		
Signature:Printed Name:	Tielo	-		
	_ 11dc	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C				
If Directors 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.	v Limited Partnership:			
All others: Signature of an authorized person.		IALLAH IALLAH	2022 FEB	_J
Fees:		IA.kY ASSE	B -9	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	E. FLORIDA	PM 12: 1.1	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, LLC	ibility Company, "L.L.C.," or "LLC.")	
	(,viusi contain the words. Emmed Ex	ionity company, E.E.C., or EEC.	
ARTICLE II			
The mailing ac	ddress and street address of th	e principal office of the Limited	Liability Company is
Principal Off	ice Address:	Mailing Address:	
241 Windward	Way	241 Windward Way	
Niceville, FL 3	2578	Niceville, FL 32578	
ARTICLE II	I - Registered Agent, Registe	ered Office, & Registered Age	
ARTICLE II The Limited Liabi business entity wi	I - Registered Agent, Registe	ered Office, & Registered Agei egistered Agent. You must designate an in	dividual or another
ARTICLE II The Limited Liabi business entity wi	I - Registered Agent, Registe ility Company cannot serve as its own R ith an active Florida registration.) the Florida street address of topical description.	ered Office, & Registered Agei egistered Agent. You must designate an in	dividual or another 2022 FEB -9
ARTICLE II The Limited Liabi business entity wi	I - Registered Agent, Registerility Company cannot serve as its own Rith an active Florida registration.) the Florida street address of topical B. Pleat	ered Office, & Registered Agel egistered Agent. You must designate an in the registered agent are:	dividual or another 2022 FEB -9
ARTICLE II The Limited Liabi business entity wi	I - Registered Agent, Registerity Company cannot serve as its own Rith an active Florida registration.) the Florida street address of total David B. Pleat A477 Legendary Drive, Su	ered Office, & Registered Agel egistered Agent. You must designate an in the registered agent are:	dividual or another 2022 FEB -9
ARTICLE II The Limited Liabi business entity wi	I - Registered Agent, Registerity Company cannot serve as its own Rith an active Florida registration.) the Florida street address of total David B. Pleat A477 Legendary Drive, Su	ered Office, & Registered Agent egistered Agent. You must designate an in the registered agent are: arme	dividual or another

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 authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Cyanton Branco	
MGR	Guenter Bosner	
	241 Windward Way	
	Niceville, FL 32578	D.
AMBR	Gisela Bosner	
<u> </u>	241 Windward Way	<u> </u>
	Niceville, FL 32578	
	Niceville, FL 32578	<u> </u>
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(Ose andemnent it necessary)		
LE V: Other provisions, if any.		
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(Use attachment if necessary) LE V: Other provisions, if any. sate Investment REQUIRED SIGNATURE:	Mu./	
LE V: Other provisions, if any.	//////////////////////////////////////	
LE V: Other provisions, if any. ate Investment REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant.	r an authorized representative of a ce with section 605.0203 (1) (b), Florida State constitute	itutes. I am aware i
LE V: Other provisions, if any. ate Investment REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document in a	ce with section 605.0203 (1) (b), Florida Sta	itutes. I am aware i
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155, F.S. Guenter Bosner	ce with section 605.0203 (1) (b), Florida Sta	itutes. I am aware i

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