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	(Requestor's Name)	
	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Öusines Futt Mana)	
	(Business Entity Name)	
_	(Document Number)	
Certified Copies	Certificates of Sta	ntus
	_	
	-	
Special Instructions to	Filing Officer:	
W22-2706	3	
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2022 HAR -2 PH 3: 07



March 3, 2022

CAPITAL CONNECTION

SUBJECT: 2695 OCALA, LLC Ref. Number: W22000027063

We have received your document for 2695 OCALA, LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Letter Number: 522A00005177

Carlos E Rico Regulatory Specialist III

www.sunbiz.org

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2695 OCALA, LLC				
			ı	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		1		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<u> </u>	Art, of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
organicare .				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
	Data	Time		UCC 11 Search
Name	Date	THUC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: 2695 Ocala, LLC		
N.	lame of Resulting Florida Limi	ted Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence of	concerning this matter to:	
J. Scott Reed		
(Contact Per	rson)	-
Pilka Adams & Reed, P.A.		_
(Firm/Comp	pany)	-
330 Pauls Drive, Suite 100		
(Address	5)	-
Brandon, Florida 33511		
(City, State and 2	Zip Code)	-
marylyn@wrjco.com		
E-mail Address: (to be used for futur	re annual report notifications)	
For further information concerning	ig this matter, please call:	
J. Scott Reed, Esq.	at (813	653-3800
(Name of Contact Person)	(Area Code) 653-3800 (Daytime Telephone Number)
Enclosed is a check for the follow dollars and drawn on a bank locat		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		-
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

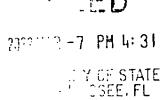
ED

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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 2695 Ocala, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
January 20, 2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
2695 Ocala, LLC
(Enter Name of Florida Limited Liability Company)
1. 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 locument'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 t is 7th day of March	_20 <u>22</u>
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: J. Scott Reed	Title: attorney
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: J. Scott Reed	
Printed Name: J. Scott Reed	Title: attorney
Signature:Printed Name:	That
rrinted Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
The Directors of Officers have not been selected, an me	orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees;	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

0005 01 110			
2695 Ocala, LLC	ust contain the words "I mited I is	ibility Company, "L.L.C.," or "ELC.")	
1,	ast contain the words. Chines the	omy company: Office, or the cy	
ARTICLE II - Ac			
The mailing addres	ss and street address of the	e principal office of the Limited I	Liability Company is:
Principal Office A	Address:	Mailing Address:	
2695 NW 4th Street		44700 N. Groesbeck Hwy.	
Ocala, FL 34475		Clinton Township, MI 48036	
		ered Office, & Registered Agent	
(The Limited Liability C business entity with an		egistered Agent, You must designate an indi	ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.)	egistered Agent, You must designate an indi	
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the J. Scott Reed	egistered Agent, You must designate an indi	ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the J. Scott Reed	egistered Agent, You must designate an indi he registered agent are:	ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own Ractive Florida registration.) Florida street address of the J. Scott Reed No. 330 Pauls Drive, Suite 100	egistered Agent, You must designate an indi he registered agent are: ame) P.O. Box <u>NOT</u> acceptable)	ividual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own Ractive Florida registration.) Florida street address of the J. Scott Reed No. 330 Pauls Drive, Suite 100	egistered Agent, You must designate an indi he registered agent are: ame	ividual or another

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-

as provided for in s 817.155, F.S.

J. Scott Reed

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	William R. Johns
	44700 Groesbeck Hwy.
	Clinton Township, MI 48036
	·
	<u> </u>
	SSEE FLAT
	-
(Use attachment if necessary)	· E -
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	×
Signature of a member or	

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)

any false information submitted in a document to the Department of State constitutes a third degree felony