1222000994881

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT

MAR - 8 2022



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2022 MAR - 7 AM IO: O



February 17, 2022

JAMIL CLAXTON 539 KNIGHTSBRIDGE CIR DAVENPORT, FL 33896

SUBJECT: ENTAX LLC

Ref. Number: W22000014777

We have received your document for ENTAX LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must sign and print name in article 5.,

Please return the corrected original and one copy of 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: 222A00003234

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations	•	
SUBJECT: Entax LLC		
(Name of Res	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organization	on, and fees are submitted to convert an "Other" in accordance with s. 605,1045, F.S.
Please return all correspondence concerning	g this matter to:	
Jamil Claxton		
(Contact Person)		
(Firm/Company)		
539 Knightsbridge Cir		
(Address)		
Davenport, FL 33896		
(City, State and Zip Code)		
Entax20@gmail.com		_
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	atter, please call:	
Jamil Claxton	at (³²¹	2772409
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \$155.00 \text{ Filing Fees} \\ \text{and Certificate of} \\ \text{Status} \end{align*}	□\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address: New Filing Section
New Filing Section Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

"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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Entax
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Entax 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.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Entax LLC		
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
539 Knightsbridge Cir	539 Knightsbridge Cir	
Davenport, FL 33896	Davenport, FL 33896	
		_
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an	ent's Signature: individual or another
Jamil Claxton		
	Name	
539 Knightsbridge Cir	(D () D N()T (11)	
Florida street address	(P.O. Box <u>NOT</u> acceptable)	
Davenport	FL 33896	
City	Zip	
	ed in this certificate, I hereby acc apacity. I further agree to compl lete performance of my duties, ar	cept the appointment as ly with the provisions of all nd I am familiar with and

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager AMBR	t- 2001
AMBK	Jamil Claxton
	539 Knightsbridge Cir
	Davenport, FL 33896
AMBR	Nicolas Vleeshouwers
	539 Knightsbridge Cir
	Davenport, FL 33896
	_
(Use attachment if necessary)	
• 1	
• '	
•	
LE V: Other provisions, if any.	
•	
•	
•	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	7
•	7,3
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	n authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware tent to the Department of State constitutes a third degree fel
Signature of a member or at This document is executed in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware t ent to the Department of State constitutes a third degree fel-
Signature of a member or at This document is executed in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree fel-
Signature of a member or at This document is executed in a document as provided for in s.817.155, F.S.	vith section 605.0203 (1) (b), Florida Statutes. I am aware t

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Signed this 2	1 day of January	20 <u></u> 22
	Authorized Representative of Limi	/
Signature of A	Authorized Representative:	Title: Member
		See below for required signature(s)
Signature:	: Jamil Claxton	
		_ Title: Owner
Signature:	: Nicolas Viceshouwers	Title: Owner
Signature: Printed Name:		Title:
Printed Name		Title:
Signature:		
Printed Name:		Title:
Signature:		mul.
ranica Name:	: <u> </u>	Title:
If Florida Co Signature of C	rporation: Thairman, Vice Chairman, Director, or (Office r .
	Officers have not been selected, an Inc	
	neral Partnership or Limited Liabili	ty Partnership:
Signature of o	ne General Partner.	
	mited Partnership or Limited Liabilit ALL General Partners.	y Limited Partnership:
All others: Signature of a	л authorized person.	•
Fees:		
	es of Conversion:	\$25.00
	or Florida Articles of Organization: ied Copy:	\$125.00 \$30.00 (Optional)
	icate of Status:	\$5.00 (Optional)

COVER LETTER

TO: New Filing So Division of C		, .			
SUBJECT: Entax LL	С				
	(Name of Res	ulting Florida Lin	nited Cor	npany)	
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compa	tion, ar ny" in a	ad fees are submitted to convert an ecordance with s. 605.1045, F.S.	"Other
Please return all corre	espondence concerning	g this matter to	:		
Jamil Claxton					
	(Contact Person)				
	(Firm/Company)		_		
539 Knightsbridge Cir					
	(Address)				
Davenport, FL 33896			_		
((City, State and Zip Code)				
Entax20@gmail.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call	:		
Jamil Claxton		_at (2772	409	
(Name of Conta	ct Person)	(Area Cod	c) (Day	ytime Telephone Number)	
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	nt: (All checks United States)	proces	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	□\$180.00 Filing and Certified C	_	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing So	ection			Filing Section	
Division of C	-			ion of Corporations	
P.O. Box 632	7		i ne (Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314