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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
ÜD2200	0010	584

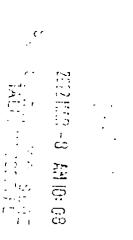
Office Use Only



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February 1, 2022

CHRISTOPHER SCHULTZ PO BOX 395 412 MARYLAND AVE CRYSTAL BEACH, FL 34681

SUBJECT: PUCKS & PIZZA L.L.C. Ref. Number: W22000010584

We have received your document for PUCKS & PIZZA L.L.C. 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.

Karen Lovelace Regulatory Specialist II

Letter Number: 422A00002566

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 Article	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	n law or business trust, etc.)
First organized, formed or incorporated under the laws of Flor, La (Enter state, or if a non-U.S. entity, the	name of the country)
on O2 61/21 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article (Enter Name of Florida Limited Liability Company)	cles of Organization:
4. If not effective on the date of filing, enter the effective date: 02/01/22 (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 date 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	sal rights the amount to
	2372 KAR -
	i. Co

Signed this 01 day of 05	20_1	
Signature of Authorized Representative	ve of Limited Liability Company:	
Signature of Authorized Representative: Printed Name:	SinulpTitle: own ex	
Signature(s) on behalf of Other Busines	s Entity: [See below for required signature(s)]	
Signature: Chr Stopher Su	the 172 Title: Owner/incorporat	ሪ⁄
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, I If Directors or Officers have not been selections	Director, or Officer. ected, an Incorporator must sign.	
If Florida General Partnership or Limi Signature of one General Partner.	ted Liability Partnership:	
If Florida Limited Partnership or Limi Signatures of ALL General Partners.	ted Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	 i

Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Nome	
ARTICLE I - Name: The name of the Limited Liability Company is:	
Must contain the words "Limited Liability (Company "L. C." or "LLC.")
(Must contain the words Limited Liability C	company, 15.15.6., or 200.
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
702 Tampe Cd. Palm horber, FL 34683	707 tampe (d. palm harbar, fl 34683
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Chr. & top	her Schultz
Florida street address (P.O.	Box NOT acceptable)
	FL 34683 Zip
liability company at the place designated in registered agent and agree to act in this capacity to the proper and complete to	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	ature (REQUIRED)
(CONTIN	UED) 2022 HAR -8

ARTICLE IV-

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

TARALIE - Authorized Monthor	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Widk - Manager	
AMBL	Clasistapline Schoolks
7(1)	P.O. 375 412 maryland
	crystal Beach, fl
11.0	
111(21-	Christopher Ochinffy
	constil Beach flo
	- C1 9 5141 - XEEUA)
<u></u>	
(Use attachment if necessary)	
(Cont announced in 1100 and 17)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
Signature of a member or	with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or	with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony of the Schuffer Schu