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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing ? Division of O					
SUBJECT: Chad Lo	eonberg Team LLC				
SOBRECT:	(Name of Re	sultin	g Florida Limit	ed Con	npany)
The enclosed Article Business Entity" int	es of Conversion, Artic o a "Florida Limited L	les c abil	of Organization ity Company	on, an Tin ac	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g thi	is matter to:		
Chad Leonberg					
	(Contact Person)				
	(Firm/Company)		<u></u>		
3075 Tour Trace					
Land O Lakes, FL 346	(Address) 638				
chadleonberg@gmail	City, State and Zip Code)				
E-mail Address: (to	be used for future annual re	port	notifications)		
For further informat	ion concerning this ma	tter,	please call:		
Chad Leonberg		at	(813	809-1	
(Name of Cont	act Person)		(Area Code)	(Day	time Telephone Number)
Enclosed is a check dollars and drawn or	for the following amount a bank located in the	nt: (Unit	All checks p ed States)	rocess	ed 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 d Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S	Section			New F	Address: Filing Section
Division of C P.O. Box 631	•				on of Corporations entre of Tallahassee
Tallahassee.	FL 32314				N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Articl Chad Leonberg Team LLC	es of Conversion is:
(Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on 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)
06/05/2017 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of Organization:
Chad Leonberg Team LLC	
(Enter Name of Florida Limited Liability Company)	r
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 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 dat 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	22 FEE 28 AM
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Signed this sin day of February	20_22
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: [MM] Printed Name: Chad Leonberg	Title President
Trined Name awar zoonso.g	rige, i lookdom
Signature(s) on behalf of Other Business Entity:	•
Signature:	
Printed Name: Chad Leonberg	Title: President
Signature: Printed Name:	
Printed Name:	Intle:
Signaturo:	
Signature: Printed Name:	Title
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title
If Florida Corporation:	
Signature of Chairman. Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	<u>ty Partnership:</u>
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty I imited Dautnauchia.
Signatures of ALL. General Partners.	ty Emitted Farthership.
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Chad Leonberg Team LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3075 Tour Trace	3075 Tour Trace
Land O Lakes, FL 34638	Land O Lakes, FL 34638
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Chad Leonberg	
Name	
3075 Tour Trace	
Florida street address (P.O.	Box <u>NOT</u> acceptable)
Land O Lakes	FI_34638

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.

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Chad Leonberg
THO IV	3075 Tour Trace
	Land O Lakes, FL 34638
	
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(Marinta de la constante de la	
(Use attachment if necessary)	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
ELE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t