# L22000112118

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ——
Special Instructions to Filing Officer:

Office Use Only



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#### **COVER LETTER**

TO: New Filing Son Division of C			
SUBJECT:	J1111111	y <u>(Gr(le)) S</u> ghting Florida Limited C	11C
	(Name of Res	ghing Florida Limited C	Company)
		<del>-</del>	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
	(Contact Person)	<u> </u>	
428 NE	(Firm/Company) 77ncl Ave	AptZ	
Doinpairo	(Address) Beach Fl	orida 330	6 Z
69777013 E-mail Address: (to b	City, State and Zip Code)  (Address)  Beach Floods  (Aca O 90701/)  The used for future annual research	(0/7) port notifications)	
	on concerning this ma	-	
(Name of Conta	641110Th_ act Person)	_at ( <u>GSY</u> )(Area Code) (I	20 S S S S S S S S S S S S S S S S S S S
	or the following amou a bank located in the	•	essed 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 Fee and Certified Copy	S S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C	ection	Ne	eet Address: w Filing Section vision of Corporations

The Centre of Tallahassee

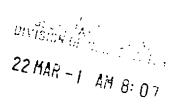
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Conversion For 'Other Business Entity'



## "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 Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COTDOTATION
(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 /0/18/2021 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{2/24/22}{}$ . (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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.

Signed this 29 day of 1-ebruary	20 72
Signature of Authorized Representative of Limi	<del></del>
Signature of Authorized Representative:	Title: <u>Director</u> Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: / leaner Multa Printed Name: Somes Gannothe	Title: <i>D11-Q1/01</i>
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.  ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty 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

	-dens LLC
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
482 8 NE Trail Ave 1	POMIXADO BECK FL 23 3062
33062	_ <u>33'06'</u>
ANTICLE III - Registered Agent, Re	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  \[ \sum_{\text{COTCS}} \]	of the registered agent are:  697  Name  77  Ave Apt 7
(The Limited Liability Company cannot serve as its a business entity with an active Florida registration.)  The name and the Florida street address    Same   Same	of the registered agent are:  69.  Name  77, Arc Apt 7  ess (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its a business entity with an active Florida registration.)  The name and the Florida street address    Same   Same	of the registered agent are:  697  Name  77  Ave Apt 7

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)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Tanua (conth
MER	James Gennothe 428 NE ZZAJAL ANT Z POINTANO BECK FL 3306Z
	428 NE Clad the HOTE
	Pointigns Beck F-L 33062
	·
(Use attachment if necessary)	
LE V: Other provisions, if any.	
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	<del></del>
	<del></del>
DECLUDED CLONIATION	
REQUIRED SIGNATURE:	4
-1-	Genett
	Herrella.
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware to
Signature of a member or This document is executed in accordance	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware to ument to the Department of State constitutes a third degree felocyped or printed name of signee
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel

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