# 12200113925

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Self-Management, LLC		
30D3LC1.	ne of Resulting Florida Limi	red Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence co	ncerning this matter to:	
George M. Cornecelli		
(Contact Perso	n)	•
Self-Management, LLC		
(Firm/Compan	y)	•
5540 North Ocean Drive, Tower 100,	Unit 8B	
(Address)		
Riviera Beach, FL 33404		
(City, State and Zip	n Code)	
gcornecelli@msn.com		
E-mail Address: (to be used for future a	annual report notifications)	
For further information concerning	this matter, please call:	
Lisa D. Johnson	at ( 847	, 409-5066
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the followin dollars and drawn on a bank located		processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing and Certificate of Status	~ -	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations P.O. Box 6327		Division of Corporations
r.O. DOX 0327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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.

	(Enter Name of Other Business Entity)
2. The "Oth	cr Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organiz	ed, formed or incorporated under the laws of
February	8, 2005
on date of or	ganization, formation or incorporation)
3. The name	e of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
4 If not off	
(The effective	ective on the date of filing, enter the effective date:  ve date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(The effective the date this Note: If the date	
(The effective the date this Note: If the date document's effective the date of the date o	we date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after s document is filed by the Florida Department of State.)  It is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 7	day of February	20_ <del>X</del>
Signature of Aut	horized Representative of Lim	ited Liability Company:
Simplure of Auth	orized Representative:	7. 14 C 10
Printed Name: Get	orge M. Cornecelli	Title: Managing Member
Timed Name. Oc.	orge W. Cornecelli	Title, imanaging member
Signature(s) on b	ehalf of Other Business Entity:	[See below for required signature(s)]
Signature:	orge M. Cornecelli	eli
Printed Name: Ge	eorge M. Cornecelli	Title: Managing Member
Signature:	·	m: 1
Printed Name:		Title:
Signature:		
Printed Name:	·	Title:
Signature:		
Printed Name:	<del></del>	Title:
Signature		
Printed Name:	<del> </del>	Title:
Timed Italie.		
Signature:		
Printed Name:		Title:
10131 11 6		
If Florida Corpor		Off
-	man, Vice Chairman, Director, or	
II Directors of OII	icers have not been selected, an In	corporator must sign.
If Florida Genera	d Partnership or Limited Liabil	ity Partnership:
Signature of one C	ieneral Partner.	
	d Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALI	General Partners.	
All others:		
Signature of an au	thorized person.	
_	·	
Fees:		
Artislae at	Conversion:	\$25.00
	Conversion:   lorida Articles of Organization:	\$25.00 \$125.00
Certified (	<del>_</del>	\$30.00 (Optional)
Certificate		\$5.00 (Optional)
Certificate	or aurus.	99.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
The hame of the Elimica Elability Company	15.
Self-Management, LLC	
(Must contain the words "Limited Liab	bility 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:
5540 North Ocean Drive, Tower 100, Unit 8B	5540 N. Ocean Dr., Tower 100, Unit 8B
Riviera Beach, FL 33404	Riviera Beach, FL 33404
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	ne registered agent are:
George M. Cornecelli	
Na	ame
5540 North Ocean Drive, To	ower 100, Unit 8B
Florida street address (P	P.O. Box NOT acceptable)
Riviera Beach	FL 33404
City	Zip
Having heen named as registered agent an	d to accept service of process for the above stated limite
	a to accept service of process for the appove statea timite d in this certificate. I hereby accept the appointment as

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-

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 MGR	George M. Cornecelli
WIGN	5540 North Ocean Drive, Tower 100, Unit 8B
	Riviera Beach, FL 33404
	Tarriera Beasti, 1 E 30404
<del></del>	
Use attachment if necessary)	
LE V: Other provisions, if any.	
	<del></del>
REQUIRED SIGNATURE:	
to one of the original origin	1 () 1.5
	uy hr. Queentti
	7
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am awa
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree
as provided for in s.817,155, r.S.	
George M. Cornecelli	
	ned or printed name of signee

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