12200149560

(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:





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A LIMITED LIABILITY COMPANY INCLUDING PROFESSIONAL CORPORATIONS

March 15, 2022

Florida Department of State New Filing Section – Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Domestication of Two Entities

Dear Secretary of State:

Enclosed are the forms to domesticate Sport Holdings. Inc. and Clarington Way Ventures. LLC from Illinois to Florida. I have enclosed checks for the filing fees for each set of documents. Please file these forms at your earliest convenience.

I can be reached at the phone number or email address below if you have any questions. Thank you for your prompt attention to this matter.

Sincerely,

Carol Kregel

Corporate Paralegal

ckregel@kelleherholland.com

(847) 713-1355

COVER LETTER

TO: New Filing Ser Division of Co				
	•			
SUBJECT: Clarington		ulting Florida L	imited Co	nipaliv)
	(Nume of Res	uning Florida E	mined Co.	, ,
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corres	spondence concerning	g this matter	to:	
Carol Kregel				
	(Contact Person)			
Kelleher Holland LLC				
<u>.</u>	(Firm/Company)			
102 S. Wynstone Park [Drive			
	(Address)			
North Barrington, IL 600)10			
(C	ty, State and Zip Code)	·		
KeithSklar@footfirst.con	n			
E-mail Address: (to be	used for future annual re	oort notification	s)	
For further informatio	n concerning this mat	ter, please ca	ill:	
Carol Kregel		at (847	_\ 713-	1355
(Name of Contac	t Person)	(Area C	ode) (Da	ytime Telephone Number)
Enclosed is a check fo dollars and drawn on a	_		•	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified	•	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addre				et Address:
New Filing Sec Division of Co				Filing Section ion of Corporations
P.O. Box 6327	-			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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles Clarington Way Ventures, LLC	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, common	
	law or business trust, etc.)
First organized, formed or incorporated under the laws of	ame of the country)
July 18, 2003	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
Clarington Way Ventures, 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 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 we 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	rights the amount to
	797
	\5 -
	103

Signed this day of	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: 4/2 Printed Name: Keith D. Sklar Living Trust dtd 6.23.200	Trustee of Manager 3 Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Truste Printed Name: Keith D. Sklar Living Trust dtd 6.23.200	e of Manager 3 Title: Manager
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Little:
Signature:Printed Name:	Tid
Signature:Printed Name:	re'al
rrinted Name:	1 itie:
If Florida Corporation:	Off
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership
Signature of one General Partner.	ty ratthership.
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	จร.งง (Optionar)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:
Clarington Way Ventures, LLC	
(Must contain the words "l	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13925 Old Coast Road	13925 Old Coast Road
Unit 2304	Unit 2304
Naples, FL 34110	Naples, FL 34110
(The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street additional street additional street additional street.	
Keith Sklar	
	Name
13925 Old Coast I	Road, Unit 2304
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Naples	FL ³⁴¹¹⁰
C	ity Zip
C	

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:

"MGR" = Manager	V W 6 60 11 1 7 7 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7
MGR	Keith D. Sklar Living Trust dated 6.23.2003
	13925 Old Coast Road, Unit 2304
	Naples, FL 34110
(Use attachment if necessary)	
LE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Keith D. Sklar as Trustee of Keith D. Sklar Living Trust dated 6.23.2003

Typed or printed name of signee

Filing Fees

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