

L22000161196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

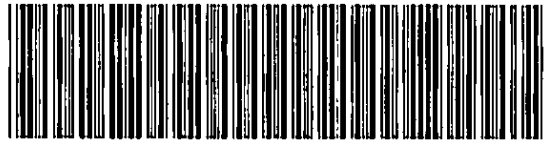
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900383999799

03/21/22--01038--009 **52.50

04/18/22--01038--003 **102.50

2022-11-15 10:25

JF

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Saddlebag

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Scott or Serena Benge

(Contact Person)

Saddlebag

(Firm/Company)

814 South Moon Drive

(Address)

Venice, FL 34292

(City, State and Zip Code)

sbenges@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Scott or Serena Benge

574

993-0333 or 993-0334

at (

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

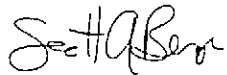
Street Address:

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

Scott and Serena Bengé
814 S Moon Drive
Venice, FL 34292
574-993-0333
5benges@gmail.com

Florida Department of State,

We are writing in regards to Saddlebag LLLP being converted to an LLC. We filed documents via mail. We saw online that there was a rejection. We would like Florida Capital Courier Service to be able to access copies of the rejection and file additional documents.

A handwritten signature in black ink, appearing to read "Scott Bengé". The signature is fluid and cursive, with the first name "Scott" and last name "Bengé" clearly distinguishable.

Scott Bengé
Acquisition Specialist, LLC
SB Investment Holdings, LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2022

SCOT BENGE
814 S MOON DR
VENICE, FL 34292

SUBJECT: SADDLEBAG LLLP
Ref. Number: W22000048159

We have received your document for SADDLEBAG LLLP and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 622A00008366

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Saddlebag, LLLP

(Enter Name of Other Business Entity)

Limited Liability Limited Partnership

2. The "Other Business Entity" is a

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Florida

First organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

December 18, 2017

on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Saddlebag, 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 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.

2022-11-10 10:25

Signed this 17 day of April 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Scott A. Bengo Title: AMBR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Scott A. Bengo
Printed Name: Scott A. Bengo Title: President

Signature: Serena K. Bengo
Printed Name: Serena K. Bengo Title: VP

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saddlebag, LLC

(Must contain the words "Limited 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:

814 South Moon Drive
Venice, FL 34292

Mailing Address:

814 South Moon Drive
Venice, FL 34292

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Scott A. Bengé

Name

814 South Moon Drive

Florida street address (P.O. Box NOT acceptable)

Venice

34292

FL

City

Zip

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:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Scott A. Bengo

814 South Moon Drive

Venice, FL 34292

AMBR

Serena K. Bengo

814 South Moon Drive

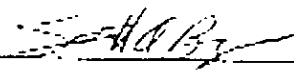
Venice, FL 34292

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

Scott A. Bengo, AMBR or Serena K. Bengo, AMBR individually or jointly and handle all aspects of business on behalf of Saddicheg, LLC.

REQUIRED SIGNATURE:

 AMBR

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.

Scott A. Bengo

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)