112000166103

(Requestor's Name)
(Addrson)
(Address)
(Address)
(City/State/Zip/Phone #)
(611)-02-13-2-1-1-1
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
110000
W2260040288

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2022

CINDY EATON 2805 CURRY LANE NOKOMIS, FL 34275

SUBJECT: SENIOR WOMEN'S LEGENDS LEAGUE SOFTBALL, LLC

Ref. Number: W22000040288

We have received your document for SENIOR WOMEN'S LEGENDS LEAGUE SOFTBALL, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 122A00007297

COVER LETTER

TO: New Filing S Division of C					
SEID LEGT. Senior W	/omen's Legends Leagu	e Softball, LLC			
SORTECT:	(Name of Res	sulting Florida Lim	ted Com	pany)	
The enclosed Article: Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizat ability Compan	ion, and y" in ac	I fees are submitted to convert cordance with s. 605.1045. F.	an "Other S.
Please return all corre	espondence concernin	g this matter to:			
Cindy Eaton			_		
	(Contact Person)				
Senior Women's Leger	nds League Softball	<u></u>	_		
	(Firm/Company)		_		
2805 Curry Lane					
	(Address)		-		
Nokomis. FL 34275					
(0	City, State and Zip Code)		-		
Cindyee@verizon.net					
E-mail Address: (to be	e used for future annual re	port notifications)	_		
For further information	on concerning this mat	tter, please call:			
Cindy Eaton		941	716-1	605 time Telephone Number)	
(Name of Contac	et Person)	(Area Code) (Dayı	time Telephone Number)	
dollars and drawn on \$ \$150.00 Filing Fees \$25 for Conversion	a bank located in the last state of and Certificate of	United States)	, Fees	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	ble in US
& \$125 for Articles of Organization)	Status		<i>(</i>).		
Mailing Addr				Address: Filing Section	
New Filing Se Division of Co				on of Corporations	
P.O. Box 6327				entre of Tallahassee	٠,
Tallahassee, F				N. Monroe Street, Suite 810 assee, FL 32303	
					·

INHS11 (7/17)

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 of Conversion is: Senior Women's Legends League Softball, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 12/13/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Senior Women's Legends League Softball, 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.

Signed this 7th day of March	20_ <i>_22</i> _
Signature of Authorized Representative of Lin	
Signature of Authorized Representative:	Title: Registered Agent
Signature(s) on behalf of Other Business Entity:	
Signature: <u>Unity Cator</u> Printed Name: <u>Cody</u> Eator	
Printed Name: Cindy Eaton	Title: Diractor
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	Officer
Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, and	
If Florida General Partnership or Limited Liabi	ility Partnershin:
Signature of one General Partner.	mry runeromp.
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	ility 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

ARTICLES OF ORGANIZATION FOR	FLORIDA CINII I ED LIADICI:	T COM ATT
ARTICLE I - Name: The name of the Limited Liability Company	is:	
Senior Women's Legends League Softball, LLC	ilin Company "L.L.C." or "L.C.")	
(Must contain the words "Limited Lial	other Company, E.C.C., of E.C.C.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
2805 Curry Lane	2805 Curry Lane	
Nokomis, FL 34275	Nokomis, FL 34275	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Cindy Eaton	ne registered agent are:	
Na	ame	
2805 Curry Lane		
	P.O. Box NOT acceptable)	
Nokomis	FL 34275	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept i pacity. I further agree to comply with the performance of my duties, and I d	the appointment as th the provisions of all im familiar with and
Corner C	ator	***
Registered Agent's S	Signature (REQUIRED)	• •
3	-	•
CONT	AND THE LEGISLA	<u>-</u>
(CONI	INUED)	**
		<u> </u>
		• •
		11 2 83

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Laurie Kerns Manager____ 4688 Michaler St North Port, FL 34286 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE:

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.

Cindy Eaton

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)

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