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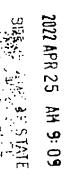
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing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

Office Use Only



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COVER LETTER

SUBJECT: 3792 Long Gr	ove Ln. LL	<u> </u>
(Name of Resu	lting Florida Limited Com	epany)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	es of Organization, and bility Company" in ac	d fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return all correspondence concerning	this matter to:	
Lovi Menninger (Contact Person)		
(Firm/Company) 14486 Center Village (Address)	Rd.	
Galena, OH 43021 (City, State and Zip Code)		
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this matt	er, please call:	
Lori Menninger (Name of Contact Person)	at (64) 90 (Area Code) (Day	time Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U		ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \frac{1}{2} \frac\	☐\$180,00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address:		Address:
New Filing Section		Filing Section
Division of Corporations P.O. Box 6327		on of Corporations entre of Tallahassee
r.O. DON ODE /	1110 0	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations

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:
3192 Long Gyove Ln. LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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 11/10/2010 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: 3192 Long Grove Ln. LLC (EnterName of Florida Limited Liability Company)
(Enter-Name of Florida Limited Liability Company)
4. It 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 APR 25 PM 10: 11

Signed this 20th day of April	20	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: None Printed Name:	Title: Bowner	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Ste 1-2 Printed Name: Swi Wenninger	Title: puner	<u>-</u> -
Signature:Printed Name:		
Signature:Printed Name:	_ Title:	-
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	<u> </u>
Signature:Printed Name:	_ Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	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.		(0
Fees:		TALL
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	JARY OF ST

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:							
7700 1		,	\	.			

Must contain the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3792 Long Grove Ln.	14486 Center Village Rd
But Ovange FL 32129	Galena, Olt 43021

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:

Name

3792 Long Grove Ln.

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

Port Orange FL 32129

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR R	Lovi Menninger 3192 Long Grove Ln. Port Orange, FL 32129	
(Use attachment if necessary)	\$5.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	
ARTICLE V: Other provisions, if any.	2 × 2	
		11
REQUIRED SIGNATURE:	STATE TO: 05	سميد
This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony	
Levi	Menninger ed 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)

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

ARTICLE IV-

Company: