C2ZUXXX28678

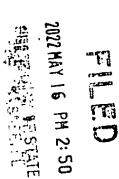
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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04/05/22--01034--009 **150.00





COVER LETTER

TO: New Filing S Division of C					
SUBJECT: JBNA Pa	•				
SUBJECT:	(Name of Res	sulting F	lorida Limite	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this 1	natter to:		
Gael Beriro					
	(Contact Person)				
Gael Beriro, P.A.					
·······	(Firm/Company)				
1340 N. US Highway	I, Suite 102				
	(Address)	<u> </u>			
Jupiter, FL 33469	(* * * * * * * * * * * * * * * * * * *				
<u> </u>	- 151 G				
	City, State and Zip Code)				
Gael@berirolaw.com					
E-mail Address: (to b	e used for future annual re	port not	ifications)		
For further information	on concerning this ma	tter, pl	ease call:		
Gael Beriro	_		61	, 835-4	4611
(Name of Conta	et Porcon)	at (_ ⁵)	time Telephone Number)
(Name of Conta	et i cison)		(Mica Code)	(17ay	ame rerephone Number)
	or the following amou a bank located in the			rocess	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status		80.00 Filing 1 ertified Copy		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Add	ress:		•	Street	Address:
New Filing S	ection		_		Filing Section
Division of C					on of Corporations
P.O. Box 632	7		•	The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

RECEIVED 2022 MAY 16 PM 3: 36

TOTAL TOTAL

April 22, 2022

GAEL BERIRO 1340 N US HWY 1 STE 102 JUPITER, FL 33469

SUBJECT: JBNA PARTNERS, LLC Ref. Number: W22000053265

We have received your document for JBNA PARTNERS, 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):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 022A00009434

Jessica A Fason Regulatory Specialist II

Articles of Conversion

For

"Other Business Entity"

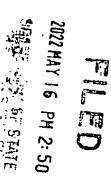
Into

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: JBN Partners, LLC
(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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
March 17, 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:
JBNA PARTNERS, 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 31 day of Mourch	20 23
Signature of Authorized Representative of Li	mited Lisbility Compan:
Signature of Authorized Representative: Printed Name: James Filingale	Title: AMER, MOR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Search This Printed Names Lippans	Title: Am R.C.
Signature:	•
Printed Name:	Tinte:
Signature: Printed Name:	
Sionaum	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
Si-	Title:
Signature: Printed Name:	Title
*! Plorida Corporation; Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	Officer. corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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

The name of the Li	mited Liability Company	ris:	
JBNA PARTNERS,	LLC		
(Mu	ist contain the words "Limited Lie	ability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Ad The mailing addres		e principal office of the L	imited Liability Company is:
Principal Office A	Address:	Mailing Address:	
806 E. Windward W Lantana, FL 33462	ay, Unit 616	Same	
The name and the I	Florida street address of t James Filippone N	he registered agent are:	
	806 E. Windward Way, Ur	nit 616	
		P.O. Box NOT acceptable	2)
	Lantana	FL 33462	
	City	Zip	
liability comp registered agent statutes relating	any at the place designate and agree to act in this ca g to the proper and comple	d in this certificate, I herei pacity. I further agree to c ete performance of my duti	cess for the above stated limited by accept the appointment as comply with the provisions of all ies, and I am familiar with and ded for in Chapter 605, F.S.,

(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	lamas Cilianas
AMBR	James Filippone
	806 E. Windward Way, Unit 616
	Lantana, FL 33462
17 - T - 111	
•	
	<u> </u>
	में जाती के किया है जिसके किया है जिसके जिसके किया जिसके किया है जिसके किया जिसके कि
	7.0
	(n)
Use attachment if necessary)	77 Mg 27 1937
LE V: Other provisions, if any.	
	
REQUIRED SIGNATURE;	
KEQUIKED SIGNATURE!	
men then	
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 awa
any false information submitted in a docur as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree
James Filippone	
Tv	ped or printed name of signee
· ·	Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)