L12000188091

(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:
WZ100161684

Office Use Only



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2022 JUN -8 AH 10: 15



May 5, 2022

JOHN GALLETTA, JR 1095 ANASTASIA BLVD ST AUGUSTINE, FL 32080

SUBJECT: SHANE PIERCE ART, LLC

Ref. Number: W21000161684

We have received your document for SHANE PIERCE ART, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 622A00010417

Matthew T Moon
Regulatory Specialist II Supervisor

2022 JUN -8 AM 1: 34



RECEIVED

2022 MAY -2 PM 2: 29

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2021

JOHN GALLETTA, JR 1095 ANASTASIA BLVD ST AUGUSTINE, FL 32080

SUBJECT: SHANE PIERCE ART, LLC

Ref. Number: W21000161684

We have received your document for SHANE PIERCE ART, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 621A00031236

COVER LETTER

Division of C	corporations					
SUBJECT: SHANE		sulting	Florida Limit	ed Cor	npany)	
		·			•	
					nd fees are submitted to convert a coordance with s. 605.1045, F.S.	n "Other
Please return all corr	espondence concernin	g this	matter to:			
JOHN GALLETTA, JR	<u>. </u>					
	(Contact Person)					
Law Office of John Ga						
	(Firm/Company)					
1095 Anastasia Boule	vard					
	(Address)					
St. Augustine						
((City, State and Zip Code)					
johng@gallettalawserv	rices.com					
E-mail Address: (to b	e used for future annual re	port no	otifications)			
For further informati	on concerning this ma	tter, p	olease call:			
John Galletta		_at (904) 461l6	6644	
(Name of Conta	ct Person)		(Area Code)	(Day	rtime Telephone Number)	
	or the following amou a bank located in the			rocess	sed by this office must be payable	e in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		<u>.</u>	Street	t Address:	
New Filing So					Filing Section	
Division of C P.O. Box 632	•				ion of Corporations Centre of Tallahassee	
Tallahassee, F					N. Monroe Street, Suite 810 ··	2022
			•	Tallal	nassee, FL 32303	??

2 JUN - 8 AM 1: 31.

TO: New Filing Section

Articles of Conversion For

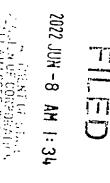
"Other Business Entity"

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: SHANE PIERCE ART, 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.)
First organized, formed or incorporated under the laws of NORTH CAROLINA
(Enter state, or if a non-U.S. entity, the name of the country)
on JULY 19, 2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SHANE PIERCE ART, 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



•			
Signed	this day of	20	
Signat	ure of Authorized Representative of	Limited Liability Company:	
Signatu	ure of Authorized Representative:	Muhelle K Mac	•
Printed	Name: MICHELLE R. PIERCE	Title: MGR	
			_
Signati	ure(s) on behalf of Other Business Ent	ity: [See below for required signal	ture(s)]
	100 1.000 1000		
Signatu	re: <u>Michelle R.Ph.</u> Name:	<u> </u>	
Printed	Name:	Title:	
Signatu	ire:		
Printed	Name:	Title:	
Cianata			
Drinted	re:Name:	Title	
THREU	Name.	11116.	
Signatu	ire.		
Printed	re: Name:	Title:	
Signatu	ıre:		
Printed	Name:	Title:	
Signatu	re:Name:		
Printed	Name:	Title:	
	<u>ida Corporation:</u> ire of Chairman, Vice Chairman, Directo	r or Officer	
	etors or Officers have not been selected,		
II Direc	tions of Officers have not been selected.	an incorporator must sign.	
lf Flori	ida General Partnership or Limited Li	ability Partnershin:	
	re of one General Partner.		
Ū			
	ida Limited Partnership or Limited Li	ability Limited Partnership:	
Signatu	ires of ALL General Partners.		
All oth			
Signatu	ire of an authorized person.		
Fees:			
	Articles of Conversion:	\$25.00	
	Fees for Florida Articles of Organizati		
	Certified Copy:	\$123.00 (Optional)	:
	Certificate of Status:	\$50.00 (Optional)	
	Certificate of Status.	55.00 (Optional)	=

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
SHANE PIERCE ART, LLC.	<u> </u>	100
(Must contain the words "Limited Liability	Company, "L.L.C., or "I	alc.)
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:	
2 matanzas Circle	P.O. BOX 840089	
SAINT AUGUSTINE, FLORIDA 32080	SAINT AUGUSTINE	E, FLORIDA 32080
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the Register of	red Agent. You must desig	
MICHELLE R. PIERCE Name		
Name		
2 MATANZAS CIRCLE		
Florida street address (P.O.	Box <u>NOT</u> acceptab	ole)
SAINT AUGUSTINE	FL 32080	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete particles accept the obligations of my position as regions.	this certificate, I her ly. I further agree to erformance of my du	eby accept the appointment as comply with the provisions of all ties, and I am familiar with and
Mille Registered Agent's Signa	PUC ature (REQUIRED)	
(CONTINU		2022 JUN -8 A

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	MICHELLE D. DIEDOE
MGR	MICHELLE R. PIERCE
	P.O BOX 840089
	SAINT AUGUSTINE, FLORIDA 32080
MGR	SHANE PIERCE
MGK	P.O. BOX 840089
	SAINT AUGUSTINE, FLORIDA 32080
	SAINT AUGUSTINE, FEORIDA 32000
	
	
	
	
	
(Lies attacker and if a second	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
Signature of a member This document is executed in accorda	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware tha document to the Department of State constitutes a third degree felon
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S.	or an authorized representative of a member
Signature of a member This document is executed in accordany false information submitted in a decordance of the submitted in a decor	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware tha document to the Department of State constitutes a third degree felon
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605 0203 (1) (b). Florida Statutes. I am aware tha document to the Department of State constitutes a third degree felon. Typed or printed name of signee
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S. MICHELLE R. PIERCE	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware that document to the Department of State constitutes a third degree felon. Typed or printed name of signee Filing Fees les of Organization and Designation of Registered Age
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S. MICHELLE R. PIERCE \$125.00 Filing Fee for Article	Typed or printed name of signee Filing Fees les of Organization and Designation of Registered Agetional) \$ 5.00 Certificate of Status Optional
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Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S. MICHELLE R. PIERCE \$125.00 Filing Fee for Article	Typed or printed name of signee Filing Fees les of Organization and Designation of Registered Agetional) \$ 5.00 Certificate of Status Optional
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S. MICHELLE R. PIERCE \$125.00 Filing Fee for Article	Typed or printed name of signee Filing Fees les of Organization and Designation of Registered Age 5.00 Certificate of Status of a member and aware that document to the Department of State constitutes a third degree felon Typed or printed name of signee Filing Fees Solution 1