L22000334951

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

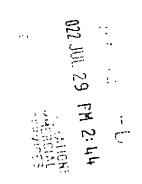


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SECSELARY OF STATE
SALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2022

BRIAN HARDY 1417 CHARLES RD. FORT MYERS, FL 33919

SUBJECT: DOWN EAST INVESTMENTS, LLC

Ref. Number: W22000091462

We have received your document for DOWN EAST INVESTMENTS, 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 WORD OWNER IS NOT ACCEPTABLE.AMBR CAN BE USE FOR OWNER,

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Hyacinth LeBlanc Regulatory Specialist II

Letter Number: 222A00015522

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Hyacinth LeBlanc ANNUAL REPORTS SECTION

Letter number: 222A00015522

New Filing Section

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Down E	ast Investments, LLC			
		sulting Florida Lim	ited Cor	npany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited Li	les of Organizat iability Compan	ion, an y" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g this matter to:		
Brian Hardy				
· ·	(Contact Person)		_	
Down East Investmen	ts, LLC			
10.1	(Firm/Company)	<u>-</u> -	_	
1417 Charles Rd.				
	(Address)		_	
Fort Myers, FL 33919	·			
	City, State and Zip Code)	<u>-</u> -	_	
brian@downeastinves	•			
	pe used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Brian Hardy		at (602	803-	4949
(Name of Contr	act Person)	(Area Code) (Day	4949 rtime Telephone Number)
Enclosed is a check to dollars and drawn on	for the following amou a bank located in the	int: (All checks United States)	process	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	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C	ection		New 1	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: wn East Investments, LLC
<u> </u>	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Limited Liability Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	01/01/2021
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Do	wh East investments, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(TI	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
Not	e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tisted to the sument's effective date on the Department of State's records.
5.	The plan of conversion has been approved in accordance with all applicable statutes.
	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	1st day of July	20 <u>.</u>
Signature (of Authorized Representative of Lim	nited Liability Company:
Signature o	of Authorized Representative:	
Printed Nan	ne: Brian Hardy	Title: Owner
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
		[See below for required signature(s)]
Cirmatum		Title: MANAGININ MOMBOR
Drinted Non	20 00 160000	Title: 11 An Taby D 11 Man R 28
r mineu ivan	Being (M)	Title. 100 100 100 100 100 100 100 100 100 10
Signature:		
Printed Nan	ne:	Title:
Signature:		
Printed Nan	ne:	Title:
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Signature:		Title:
Printed Nan	ne:	ride:
Signature:		
Printed Nan	ne:	Title:
Signature:		
Printed Nan	ne:	Title:
	Corporation:	000
	f Chairman, Vice Chairman, Director, or	
11 Directors	or Officers have not been selected, an In	ncorporator must sign.
If Florida (General Partnership or Limited Liabi	lity Partnershin:
	f one General Partner.	ney 1 a. thet ship.
- 6		
<u>If Florida l</u>	<u>Limited Partnership or Limited Liabi</u>	lity Limited Partnership:
Signatures of	of ALL General Partners.	
All others:		
Signature o	f an authorized person.	
Fees:		
1 000,		
Art	icles of Conversion:	\$25.00
	s for Florida Articles of Organization:	
	tified Copy:	\$30.00 (Optional)
	tificate of Status:	\$5.00 (Optional)
		· • ·

SHUKENSEFFE OF SHATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the L	imited Liability Company	r is:	
Down East Investme			
(Mı	ust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC."	')
ARTICLE II - Ac	idress:		
The mailing address	ss and street address of th	e principal office of the Lim	ited Liability Company is:
Principal Office A	Address:	Mailing Address:	
1417 Charles Rd		1417 Charles Rd	
Fort Myers, FL 339	19	Fort Myers, FL 33919	
(The Limited Liability C business entity with an	Company cannot serve as its own R active Florida registration.) Florida street address of t	ered Office, & Registered A legistered Agent. You must designate the registered agent are:	an individual or another JUL JUL
Brian Hardy Name 1417 Charles Rd			. \$38 \$38
	Florida street address (3: 24 3: 24 LORID	
	Fort Myers	FL ³³⁹¹⁹	· · · · · · · · · · · · · · · · · · ·
	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-

as provided for in s.817.155, F.S.

Brian Hardy

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
GH OWNER MGR	Brian Hardy	
- 1/1/1/2/Z	1417 Charles Rd	
	Fort Myers, FL 33919	
21	Tott Myera, 1 E 33313	
Owner MGR	Dana Hardy	
	1417 Charles Rd	
	Fort Myers, FL 33919	
	<u>کان و </u>	
(Use attachment if necessary)		_
•	ALLAHASSE	
		3
FICLE V: Other provisions, if any.	SS N	>
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	<i>→ €</i>	
	RAI S	
	57	ک ـــ
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

Typed or printed name of signee Filing Fees