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_
(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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S. CHATHAM AUG - 2 2022

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 845759 7177511

7X

AUTHORIZATION

COST LIMIT : \(\sigma \) 185.00

ORDER DATE : July 29, 2022

ORDER TIME : 5:08 PM

ORDER NO. : 845759-020

CUSTOMER NO: 7177511

DOMESTIC AMENDMENT FILING

NAME: CHIBAERS, LLC

EFFECTIVE DATE:

XX____ ARTICLES OF AMENDMENT/CONVERSION
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing S Division of C				
CHD	JECT: CHIBAE	•			
SUD.	JEC1:		sulting Florida Lim	ited Cor	mpany)
			_		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
STEV	'EN A BAER				
		(Contact Person)		_	22
CHIB	AERS, LLC				#UE
		(Firm/Company)		_	22 AUG - j
5050	OCEAN BEACH	BLVD #108			
		(Address)		_	PAR CANADA
coco	DA BEACH, FL	32932		_	7. 91 70
	(1	City. State and Zip Code)			
STEV	E@CHIBAERS.	COM		_	
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
STEV	EN A BAER		at (339-	6969
	(Name of Conta	ict Person)	(Area Code	;) (Day	ytime Telephone Number)
		or the following amou a bank located in the	·	proces:	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$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 P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

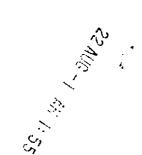
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

CHIBAERS, 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.)
(Effect entity type. Example: Corporation, infinted partnership, general partnership, confinion law of 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)
MAY 8, 2000 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CHIBAERS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: August 5, 2022 .
(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

5. The plan of conversion has been approved in accordance with all applicable statutes.

document's effective date on the Department of State's records.

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 <u>5TH</u>	day of JULY	20 <u>22</u> .	
Signature of Auth	orized Representative	of Limited Liability Company:	
Signature of Author Printed Name: <u>STEV</u>	rized Representative: _ EN A BAER	Steven ABaer Title: MEMBER	
		Entity: See below for required signate	ure(s)]
Signature:	Joy W 2	Baer	
Printed Name: JOY V	N BAER	Basr Title: MEMBER	
Signature:			
Printed Name:		Title:	
Signature:	···· ·-		
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corpora	tion:		
Signature of Chairm	an, Vice Chairman, Dire	ector, or Officer.	
If Directors or Office	ers have not been select	ed, an Incorporator must sign.	
<u>If Florida General</u>	Partnership or Limited	d Liability Partnership:	
Signature of one Ger	neral Partner.		
<u>If Florida Limited</u> Signatures of <u>ALL</u> (d Liability Limited Partnership:	
All others: Signature of an auth	orized person.		
Fees:			

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

Y

ARTICLE I - Nam	16*		
	nited Liability Company	is:	
CHIBAERS, LLC			
(Mus	st contain the words "Limited Lia	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited Liability Compar	ny is:
Principal Office A	ddress:	Mailing Address:	
EDED OCEAN DEACS	H BLVD #108	5050 OCEAN BLVD #108	
2020 OCEAN DEACE		0000 000, 11 BE 12 11 100	
COCOA BEACH, FL		COCOA BEACH, FL 32931	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	32931	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an action of the first control of the first contro	gistered Agent, Registempany cannot serve as its own Rective Florida registration.) Torida street address of the STEVEN A BAER	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an action of the first control of the first contro	gistered Agent, Registempany cannot serve as its own Rective Florida registration.) Torida street address of the STEVEN A BAER	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
ARTICLE III - Re (The Limited Liability Columns entity with an act) The name and the F	gistered Agent, Registempany cannot serve as its own Rective Florida registration.) Torida street address of the STEVEN A BAER	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:	
ARTICLE III - Re (The Limited Liability Columns entity with an act) The name and the F	gistered Agent, Registempany cannot serve as its own Rective Florida registration.) Ilorida street address of the STEVEN A BAER Na	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:	
ARTICLE III - Re (The Limited Liability Corbusiness entity with an act	gistered Agent, Registempany cannot serve as its own Rective Florida registration.) Ilorida street address of the STEVEN A BAER Na	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another re registered agent are:	

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..

> Steven A Baer Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	STEVEN A BAER
	411 CARMINE DRIVE
	COCOA BEACH, FL 32931
MGR	JOY W BAER
	411 CARMINE DRIVE
	COCOA BEACH, FL 32931
 _	
(Use attachment if necessary)	
(000	
CLE V: Other provisions, if any.	
DECHIDEN CLCNATUDE.	
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.

STEVEN A BAER

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)

