# Laa000341106

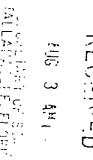
(Requestor's Name)
(Address)
(Address)
(City/State/Zıp/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

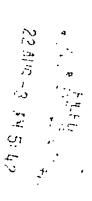
Office Use Only



300392099913

S. CHATHAM







115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:0	8/03/2022		
	Merritt Walker		
Reference #:_	1757751		
	BSG TEA	M VENTURES, LLC	
✓ Articles	of Incorporation/Authorizati	on to Transact Business	
☐ Amendr	ment		
☐ Change	of Agent		
Reinsta	tement		
✓ Convers	sion		
Merger			<b>~</b> > •
☐ Dissolut	ion/Withdrawal		22 AUG
Fictitious	s Name		1 1 -0
✓ Other	CERTIFIED C	OPY OF THE FILING EVIDENCE	
			ज़ा इन
Authorized Am	ount: <b>\$180</b>		*:
Signature:	1///0/		

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:08/0	03/2022		
Name:	Merritt Walker		
Reference #:			
Entity Name:	BSG TEA	M VENTURES, LLC	
✓ Articles of I	ncorporation/Authorizati	ion to Transact Business	
Amendmer	nt		
Change of	Agent		
Reinstatem	ent		
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☐ Merger			22 Alic.
☐ Dissolution	Withdrawal		ا ن ن
☐ Fictitious N	ame		<u> </u>
✓ Other	CERTIFIED C	OPY OF THE FILING EVIDENCE	5 P
Authorized Amour	nt: <b>\$180</b>		
Signature:	Mar		

#### **COVER LETTER**

Division of Corporations				
SUBJECT: BSG Team Ventures, LLC				
	sulting Florida Lim	ited Cor	npany)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	_			
Please return all correspondence concernin	g this matter to:			
Francis D. Parisi, Esq.				~.) 4
(Contact Person)				$\sim$
Parisi Law Associates, P.C.				2.e.
(Firm/Company)		_		. <u>;</u>
225 Dyer Street				(*) (*)
(Address)		_		: ::1
Providence, RI 02903				0 6 ₹3
(City, State and Zip Code)		_		
fparisi@plapc.com				
E-mail Address: (to be used for future annual re	port notifications)	_		
For further information concerning this ma	tter, please call:			
Francis Parisi	_at (_401	447-	8500	
(Name of Contact Person)			ytime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	•	proces.	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 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section			t Address: Filing Section	
Division of Corporations			ion of Corporations	
P.O. Box 6327			Centre of Tallahassee	
Tallahassee, FL 32314		2415	N. Monroe Street. Suite 8	10

Tallahassee, FL 32303

**TO:** New Filing Section

## Articles of Conversion For

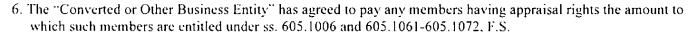
### "Other Business Entity"

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: BSG Team Ventures, 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
August 6, 2009 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BSG Team Ventures, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: upon filing  (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.





Signed this 2nd day of August	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:/s/ Clark	Waterfall
Printed Name: Clark Waterfall	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
/s/ Clark Waterfall	
Signature: Printed Name: Clark Waterfall	Title: Manager
Signature:	
Printed Name:	Title:
Cionaturas	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Cianatural	
Signature:Printed Name:	Title
Signature:Printed Name:	
Printed Name:	Title:
If Florida Cornomations	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
	ty Limited Partnershin:
Signatures of <u>ALL</u> General Partners.	The state of the same of the s
All others: Signature of an authorized person.	
Signature of an authorized 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 - Name The name of the Limi	: ited Liability Company	is:			
BSG Team Ventures, L		oility Company, "L.L.C.," or "L.L.C.,")			
ARTICLE II - Addr		mity Company. Tables, of The. 7			
		principal office of the Limited Liability Company is:			
Principal Office Ado	dress:	Mailing Address:			
323 S. Palmway		323 S. Palmway			
323 S. Palmway		323 S. Palmway			
Lake Worth Beach, FL  ARTICLE III - Regi The Limited Liability Comp	istered Agent, Registe	233 S. Palmway  Lake Worth Beach, FL 33460  red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another			
ARTICLE III - Regi The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Register nany cannot serve as its own Re we Florida registration.) orida street address of th	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another			
ARTICLE III - Regi The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Registe pany cannot serve as its own Re we Florida registration.) orida street address of the lark Waterfall	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:			
ARTICLE III - Regi The Limited Liability Comp business entity with an activ The name and the Flo	istered Agent, Registe pany cannot serve as its own Re we Florida registration.) orida street address of the lark Waterfall	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another			
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The Limited Liability Computure business entity with an activation of the floor of	istered Agent, Registe bany cannot serve as its own Re we Florida registration.) orida street address of the lark Waterfall Na 23 S. Palmway	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:			
ARTICLE III - Regi The Limited Liability Comp business entity with an activ  The name and the Flo	istered Agent, Registe bany cannot serve as its own Re we Florida registration.) orida street address of the lark Waterfall Na 23 S. Palmway	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:  me  O. Box NOT acceptable)			
ARTICLE III - Regi The Limited Liability Comp business entity with an activ  The name and the Flo	istered Agent, Registe pany cannot serve as its own Re we Florida registration.) orida street address of the clark Waterfall Na 23 S. Palmway	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:  me  O. Box NOT acceptable)			

statutes relating to the proper and complete performance of my duties, and I am familiar with and 7 accept the obligations of my position as registered agent as provided for in Chapter 605, PS.,

Registered Agent's Signature (REQUIRED)

/s/ Clark Waterfall

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

Name and Address:	
Clark Waterfall	
<del> </del>	
Lake Worth Beach, FL 33460	
<del></del>	
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<u> </u>	
	Clark Waterfall 323 S. Palmway

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.

Clark Waterfall

Typed or printed name of signee