-22000343132

888_888
(Requestor's Name)
(Address)
(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

Office Use Only



900391811869

07/29/22--01026--031 **150.00

COVER LETTER

TO:	New Filing S Division of C				
SHRI	ECT: CJM III,	•			
SUD.	EC1	(Name of Res	sulting Florida Lim	ited 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 matter to:		
Sarah	Mannion				
		(Contact Person)		<u> </u>	
King &	Mannion, P.A.				
		(Firm/Company)			
2219 F	Park Street				
		(Address)		_	
Jackso	onville, FL				
	((City, State and Zip Code)			
chuckr	meakin@me.cor	n			
E-m	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call:		
Sarah	Mannion		_at (387-9	9886
	(Name of Conta	ct Person)		e) (Day	time Telephone Number)
		or the following amou a bank located in the	•	process	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	☐\$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 Son Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section fon 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 CJM III, LLC	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law of	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	of the country)
June 5, 2019 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	of Organization:
CJM III, 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 cale 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 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 right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	hts the Total 29 AH 10: 3

Signed this 20 day of July	_ 20			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Manks Printed Name: Charles J. Meakin Ut	Title: MD - Managery Mer	nber		
Signature(s) on behalf of Other Business Entity:				
Signature: Charles J. Meakin III. Printed Name: Charles J. Meakin TIII	_Title: Managing Member			
Signature: Printed Name:	<i>v</i> ,			
Signature:Printed Name:				
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Comman, Vice Chairman, Vice Chairman, Director, or Comman, Vice Chairman, Vice Chair				
If Directors or Officers have not been selected, an Inc	corporator must sign.	ĪΑ _σ ,	20	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	LUALA	2 2 JUL	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	SSEL FI	29 AM	
All others: Signature of an authorized person.		S IZTE LORIDA	AM 10: 31	U
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

CJM III, LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
60 Long Point Drive	60 Long Point Drive
Amelia Island, FL 32034	Amelia Island, FL 32034
business entity with an active Florida registration.) The name and the Florida street address of Alpine Wholesale LLC 31067 Grassy Parke December 2015	Name rive s (P.O. Box NOT acceptable) 32034
City	Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and a as registered agent as provided 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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGRM	Charles J. Meakin III	
	60 Long Point Drive	
	Amelia Island, FL 32034	
•	Σ _v	2022
		~
	P	<u>=</u>
	ASSS	-23-
	m-K	
(Use attachment if necessary)		AM 10: 3
	L01	ë
CLE V. Oderson diama ica	RATE RESERVATE	ယ
CLE V: Other provisions, if any.	-	_
		-
REQUIRED SIGNATURE:		
Charles J. Micken I	<u>/</u>	
Signature of a member or	an authorized representative of a member	

Charles J. Meakin, III

as provided for in s.817,155, F.S.

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)