122000360481

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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08/09/22--01025--004 **150.00

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Office Use Only

COVER LETTER

Division of Corporations				
SUBJECT: Charles I. Holwell, LLC				
(Name of Res	sulting Flo	rida Limite	d Con	npany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li		-		
Please return all correspondence concernin	g this ma	atter to:		
Charles Holwell				
(Contact Person)				
Charles I. Holwell, LLC				
(Firm/Company)				
1104 Nikki View Drive				
(Address)				
Brandon, FL 33511				
(City, State and Zip Code)				
charles@charlesholwellpa.com				
E-mail Address: (to be used for future annual re	port notifi	cations)		
For further information concerning this ma	tter, plea	se call:		
Charles Holwell	at (813	3	253-6	027
(Name of Contact Person)	ar (rea Code)	(Day	time Telephone Number)
Enclosed is a check for the following amoudollars and drawn on a bank located in the		-	ocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \frac{1}{2} \\$155.00 Filing Fees and Certificate of Status		.00 Filing F tified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations		<u> </u>	New F Divisi	Address: Filing Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314				entre 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 Charles I. Holwell, PA	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	/ or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name	e of the country)
10/30/1996 on .	
(date of organization, formation or incorporation)	25
3. The name of the Florida Limited Liability Company as set forth in the attached Articles.	of Organization:
Charles I. Holwell, LLC	
(Enter Name of Florida Limited Liability Company)	9 PR
4. If not effective on the date of filing, enter the effective date:	1.04 ÷
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 ca 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 document's effective date on the Department of State's records.	Str. Ot

- 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 8 day of Angust	_ 20_ <i>ZZ</i>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Charles Holwell	Reb Halwelf Title: MGR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Luarles Holwell Printed Name: Charles Holwell	_Title: President
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	_Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
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

	contain the words "Limited Liabil		
		ity Company, "L.L.C.," or "LLC.")	
FICLE II - Address: mailing address and str	reet address of the principal office of	of the Limited Liability Company is:	
<u>Pri</u>	incipal Office Address:	Mailing Address:	
1104 Nikki View Drive		Same as principle address	
Brandon, FL 33	511		
ELimited Liability Com her business entity with	h an active Florida registration.) treet address of the registered agen	stered Agent. You must designate an individual or	
The Limited Liability Com nother business entity with	npany cannot serve as its own Registh an active Florida registration.) treet address of the registered agen Charles Holwell Nan	stered Agent. You must designate an individual or	
The Limited Liability Com nother business entity with	npany cannot serve as its own Regist han active Florida registration.) treet address of the registered agen Charles Holwell	stered Agent. You must designate an individual or	
The Limited Liability Composited business entity with	npany cannot serve as its own Registh an active Florida registration.) treet address of the registered agen Charles Holwell Nan 1104 Nikki View Drive	stered Agent. You must designate an individual or at are:	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Charles I. Holwell 1104 Nikki View Drive Brandon, FL 33511
	203
	TILL SSE
	Fr.S. T.
(Use attachment if necessary)	
e date of filing.)	filling: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed State's records.
RTICLE VI: Other provisions, if any.	Sinte directords.

Filing Fees:

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.

Charles I. Holwell

Typed or printed name of signee

REOUIRED SIGNATURE: