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(Re	equestor's Name)		
(Ad	dress)		_
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		_
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		7
			_
	Office Use On	lv 7	41



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JALLAHASSEE, FLORID

2022 AUG 29 AM 10: 11

COVER LETTER

TO: New Filing Section

Division of Corporations

SUBJECT: Godsby avous Properties LL

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Michelle del Valle

(Contact Person)

Gatsby Group Properties LLC

(Firm/Company)

(Address)

(City, State and Zip Code)

into Qaatslay group properties. com

For further information concerning this matter, please call:

(Name of Contact Person)

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

□\$155.00 Filing Fees and Certificate of Status

□\$180.00 Filing Fees and Certified Copy

\$185.00 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

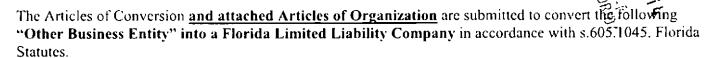
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Livided Lability Couperful (Enter entity type. Example: corporation, limited partnership, general partnership, common lawor business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-O.S. entity, the name of the country)
on S 20 9 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Galsby Gran Properties, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 91122
(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.
- 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 23 day of August	_ 20 <u>_ 22</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
./.	UU A	_
Signature of Authorized Representative: 4 Printed Name: Michelle del Valle	Title: 1Mary 0.001	
Timed Name.	Title:	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
· · · · · · · · · · · · · · · · · · ·		
Signature:	Title: Manage DOM	_
Timed Name.	_ ······	
Signature:	<u> </u>	_
Printed Name:	Title:	_
Signature:		یہ
Printed Name:	Title:	17. 18 ···
Signature:	71.1	-影 2
Printed Name:	Title:	TALLAHASSEE, FLORID
Signature:		」 空命 差 だ
Signature:Printed Name:	Title:	- 100 S.135 O :
		芸芸
Signature:Printed Name:	Title	<u> </u>
Timed Name.		_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
replaced to the second of the		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	
organizates of <u>reput</u> General Farmers.		
All others:		
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability	Properties, LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9035 Vineyard Lake Dr. Plantation, FL 33324	7725 SW 99 Ave Miami, FL 33173
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Michelle	del valle
Florida street address (P.O	Box NOT acceptable)
<u>Miani</u> City	FL 33173
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S.
Mer	
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	Transcare and Albareton
"MGR" = Manager	
	
2 2 4 -	00: 1 11 - 1 1 1
MGR	Michelle del Valle
	7035 Juneyard Lake Ur
	Manufon, FC22324
MGR	Cindy Radricuez
	9035 myard Lake Dr
	Plantation, FL 3332+
MGR	Damans Jeac
	9035 Viveyord Lake Dr
	Mantatron, FL 3332+
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
	
REQUIRED SIGNATURE: / /	1
REQUIRED SIGNATURE.	/ /
	M
Sim- adv 5 b	an authorized nonvegoration of a markey
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware
	ment to the Department of State constitutes a third degree f
$\bigcap_{i=1}^{n} A_i = A_i$	ped or printed name of signee Filing Fees

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)