# 1 22000 399738

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<u> </u>
(3	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
<u></u>		
Special Instructions to	Filing Officer:	



4

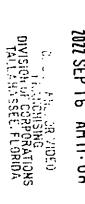
T. SCOTT

SEP 16 2022



300381827363

02/22/22--01045--015 \*\*150.00



August 6, 2022

LUKE TIPPLE 581 SE 5TH AVE POMPANO BEACH, FL 33060

SUBJECT: ARLU LLC

Ref. Number: W22000031336

We have received your document for ARLU LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of articles ,issing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

DO DOMAGOS MILL DI CL. COCC

Letter Number: 222A00017601

## **COVER LETTER**

Division of Corp	porations			
SUBJECT: ARLU LLC				
30000ET	(Name of Res	ulting Florida Li	nited Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all corresp	ondence concerning	g this matter to	):	
Luke Tipple				
(	(Contact Person)		_	
ARLU LLC				
•	(Firm/Company)			
581 SE 5th Ave.				
	(Address)			
Pompano Beach, FL 3306	60			
(City	, State and Zip Code)			
luke@luketipple.com				
E-mail Address; (to be us	sed for future annual rep	port notifications	)	
For further information	concerning this mat	ter, please cal	l:	
Brian Stevens		_at ( <u></u>	617-	5406
(Name of Contact I	Person)		le) (Day	rtime Telephone Number)
Enclosed is a check for dollars and drawn on a b	_		proces:	sed by this office must be payable in US
(\$25 for Conversion ar	\$155.00 Filing Fees and Certificate of latus	□\$180,00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address New Filing Sects Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

# **Articles of Conversion** For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: ARLU 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
(Enter state, or if a non-U.S. entity, the name of the country)
11/22/2021 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: ARLU 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 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 15 day of February	_20 <u>7e</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Luke Tipple	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Printed Name: Like Tipole	_ Title: <u>President</u>
••	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	Hile.
Signature:	. <u> </u>
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	ritie:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARLU LLC				
(Must co	ntain the words "Limited I	iability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street	address of the principal of	fice of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
581 SE 5th Ave		581	SE 5th Ave	
Pompano Beach, F	L, 33060	Pom	pano Beach, FL, 33060	
nother business entity with a	n active Florida registratio	agent are:	You must designate an individual o	Γ
nother business entity with a	n active Florida registration active Florida registered  Luke Tipple	n.)	Tota must designate an individual o	Г
nother business entity with a	n active Florida registration active Florida registered	agent are: Name		г
nother business entity with a	n active Florida registration et address of the registered Luke Tipple 581 SE 5th Ave	agent are: Name		г
nother business entity with a	n active Florida registration et address of the registered Luke Tipple  581 SE 5th Ave Florida street address	n.) agent are: Name s (P.O. Box <u>NOT</u> ac	cceptable)	г

(CONTINUED)



# 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	Luke Tipple
<del>12001,</del>	581 SE 5th Ave
	Pompano Beach, FL, 33060
<del></del>	
<del></del>	
(If an effective date is listed, the date must be sp the date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	LIJA
Signature of a n	nember or an authorized representative of a member.
This document is executed from aware that any fals	uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
<u>Luke Tipple</u>	
	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)