(Requestor's Name)
(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:
8/16
W2200109904

Office Use Only



800392683988



2022 SEP 19 PM 1: 38



August 26, 2022

CHARLENE HURST 200 CENTRAL AVE STE 2100 ST PETERSBURG, FL 33701

SUBJECT: TRAVELLER HOLDINGS, LLC

Ref. Number: W22000109904

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

We have received your document for Traveller Holdings, INC._. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$_150.00 Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Karen Lovelace Regulatory Specialist II

Letter Number: 222A00019046

TORETARY OF STATE

COVER LETTER

TO: New Filing Secti Division of Corp						
SUBJECT: Traveller Ho	ldings, LLC					
30bacci	(Name of Res	ulting Florida Lim	ited Com	npany)		
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.		
Please return all correspondent	ondence concerning	g this matter to:				
Charlene Hurst						
(Contact Person)	_	_			
360 Advanced, Inc.						
(Firm/Company)		_			
200 Central Avenue						
-	(Address)					
Suite 2100						
(City	State and Zip Code)		_			
St Petersburg FL 33701						
E-mail Address: (to be us	ed for future annual re	port notifications)				
For further information	concerning this ma	tter, please call:				
Charlene Hurst		at (727	ر418-3	3747		
(Name of Contact P	erson)	(Area Code	_/_ e) (Day	3747 time Telephone Number)		
Enclosed is a check for the dollars and drawn on a b	•	,	process	sed by this office must be payable in US		
•	IS 155.00 Filing Fees ad Certificate of atus	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Address	<u>s:</u>		Street	t Address:		
New Filing Sect	ion		New I	Filing Section		
Division of Corp	orations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327			ine C	cinic of Tahanassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

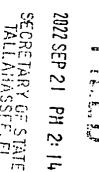
Into

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: Traveller Investments, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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)
03/24/2022 on .
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:
Traveller Holdings, 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 tl	his 8th	day of August 2022	20	
		rized Representative of Li		
Signatur Printed N	e of Authori Vame: Daniel	zed Representative:	Title: Registered Agent	
<u>Signatur</u>	re(s) on beha	ulf of Other Business Entity	: [See below for required signature(s)	
Signature	o:	L'EMILLE STURA		
Printed N	Vame: Daniell	e Kucera	Title: Vice President	
Signature	e:			
Printed N	Name:		Title:	
Printed N	Name:		Title:	
Simmatur	n•			
Printed N	vame:		Title:	_
.				
Signature Printed N	e: Name:		Title:	—
				_
Signature Printed N	e:		Title:	
Timedi	varric		True	
	la Corporat		065	
_		in, Vice Chairman, Director, rs have not been selected, an		
		<u>Partnership or Limited Liab</u> eral Partner.	ollity Partnership:	
C				
		eneral Partners.	ility Limited Partnership:	
All other		orized person.		
Fees:				
F	Articles of C Fees for Flor Certified Cop Certificate or	ida Articles of Organization py:	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Traveller Holdings, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C" or "L.L.C.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 Central Avenue	200 Central Avenue
Suite 2100	Suite 2100
St Petersburg FL 33701	St Petersburg FL 33701
The name and the Florida street address of the re	egistered agent are:
Name	
200 Central Avenue, Suite 210	0
Florida street address (P.O.	Box NOT acceptable)
St Petersburg	FL 33701
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2022 SEP 21 PH 2: 1 SECRETARY OF STAI

ARTICLE IV-

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Daniel Collins			
	200 Central Avenue Suite 2100			
	St Petersburg FL 33701			
MGR	Danielle Kucera			
	200 Central Avenue Suite 2100			
	St Petersburg FL 33701			
(Use attachment if necessary)				
(Ose attachment it necessary)				
FICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
	A full true			

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.

Daniel Collins

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent ation and Designation of Management (Optional) \$ 30.00 Certified Copy (Optional)