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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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CARIC ARD/OR VIUEO FRANCHISING DIVISION OF CORPORATIONS TALLANASSEE, FLORIDA

2022 SEP -9 AM 5: 2n

COVER LETTER

TO: New Filing S	Section			
Division of (Corporations			
SUBJECT: Gnome	Homes, LLC			
	(Name of Re	sulting Florida Limit	ed Company)	<u>_</u> _
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organization	on, and fees are subr	nitted to convert an "Other is. 605.1045, F.S.
Please return all com	respondence concernin	g this matter to:		
Alexander Casement				
	(Contact Person)			
	(Firm/Company)			
2405 13th St. N				
	(Address)			
Naples, FL 34103				
(City, State and Zip Code)			
alex@sugarshackinc.d	com			
E-mail Address: (to b	pe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Alexander Casement		_at (239	595-1803	
(Name of Conta	act Person)		(Daytime Telephone N	umber)
Enclosed is a check to dollars and drawn on	for the following amou a bank located in the	nt: (All checks pr United States)	ocessed by this offic	ee must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		and
Mailing Add		<u> </u>	Street Address:	
New Filing Section			New Filing Section	
Division of C P.O. Box 632			Division of Corporat The Centre of Tallah	
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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: Gnome Homes Inc.
(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 7/12/21
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Gnome Homes, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/1/22
(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 6	day of September	20 <u> 2</u> 2
Signature of Aut	thorized Representative of Lim	sited Liability Company
		<i>/</i>
Signature of Auth	norized Representative:	Lan
Printed Name: Ale:	xander Casement	Title: Managing Partner
Signature(s) on b	ehalf of Other Business Entity:	[See below for required signature(s)]
		-
Signature:	da	
Printed Name: Ale.	xander Casement	Title: Managing Partner - Chairman
Printed Name:		Title:
· ····································		Title:
Signature:		Tide
Printed Name:		Title:
Signature:		TV.4
Printed Name:		Title:
Signature:		Tra
Printed Name:		Title:
Cianatura		
Printed Name:		Title:
rinica Name		Title:
If Florida Corpor	eation:	
Signature of Chair	man, Vice Chairman, Director, or	Officer
If Directors or Offi	icers have not been selected, an In	corporator must sign.
	•	The state of the s
If Florida Genera	l Partnership or Limited Liabili	ty Partnership:
Signature of one G	eneral Partner.	
If Florida Limited	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
All others:		
Signature of an aut	horized person	
orginature of an aut	morized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C		\$30.00 (Optional)
Certificate	• •	\$5.00 (Optional)
		(~p)

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name: The name of the Limited Liability Compan		BILITY COMPANY
Gnome Homes, LLC		
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address and street address and street address.	he principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
2405 13th St. N	2405 13th St. N	
Naples, FL 34103	Naples, FL 34103	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an	individual or another
Alexander Casement		
	Name	
2405 13th St. N Florida street address	(P.O. Box NOT acceptable)	
Naples	FL 34103	
City	Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp accept the obligations of my position a	ed in this certificate, I hereby ac apacity. I further agree to comp lete performance of my duties, a	cept the appointment as ly with the provisions of all nd I am familiar with and
/k-/	m	
Registered Agent's	Signature (REQUIRED)	~
(CONTINUED)		SEP -9 AM I
		5: 2%

ARTICLE IV-

Alexander Casement

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	Alexander Casement
	10240 Kentucky St.
	Bonita Springs, FL 34135
MGR	Edward Kopp
	10240 Kentucky St.
	Bonita Springs, FL 34135
MGR	Edward Paterson
WIGHT	10240 Kentucky St.
	Bonita Springs, FL 34135
MGR	Arian Antonucci
	10240 Kentucky St.
	Bonita Springs, FL 34135
(Use attachment if necessary) ICLE V: Other provisions, if any.	Please See attached for the fifth
	nananina martner
<u> </u>	9 7 1
REQUIRED SIGNATURE:	
Signature of a member of This document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware that becoment to the Department of State constitutes a third degree felony

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)

Article IV- extended

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

MGR Justin Kaczmarek

10240 Kentucky St. Bonita Springs, FL 34135