L22000427962

	(Requestor's Name)
	(Address)
	(Address)
	(, (adi 655)
 	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Chury Marie)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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S. CHATHAM OCT - 5 2022

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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	WALLE III				
	PIC	K UP:	DANNY 10/4		
XX	CERTIFIED COPY PHOTOCOPY CUS				
XX	K FILING	CONVI	ERSION		
1.	CBK HOLDING, LLC (CORPORATE NAME AND DOCK	JMENT #)			
2.	(CORPORATE NAME AND DOCU	JMENT #)		- , , .	
3.	(CORPORATE NAME AND DOCU	JMENT #)			
4.	(CORPORATE NAME AND DOCU	JMENT #)			
5.	(CORPORATE NAME AND DOCU	JMENT #)		.	
6.	(CORPORATE NAME AND DOCU	JMENT #)			
SPECIA INSTRU	AL UCTIONS:				

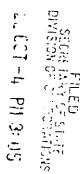
Articles of Conversion

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.

CBK HOLDING, CORP.
(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.
(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)
JUNE 19, 1992 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:
CBK HOLDING, 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 3 day of October	_ 20 22
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Y Printed Name: DONALD A. WISEMAN	Title: AUTHORIZED MEMBER
Signature(s) on behalf of Other Business Entity:	
Signature: Value Alexandria Name: DONALD A. WISEMAN	Title: president, treasurer, secretary
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Tal
	riuc.
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.	y 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)

PINIS OF THE PLANE OF STATES

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	
CBK HOLDING, LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1145 ARBOR GLEN CIRCLE	1145 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708	WINTER SPRINGS, FL 32708
husiness entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
MICHAEL A. RUTIGLIAN	10
,	Name
24401 EAST COLONIAL	DRIVE
Florida at 11	

Florida street address (P.O. Box NOT acceptable) **CHRISTMAS**

City

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered ugent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

gistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	DONALD A. WISEMAN
	1145 ARBOR GLEN CIRCLE
	WINTER SPRINGS, FL 32708
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Duld q Willen	 ,
ins document is executed in accordance a	n authorized representative of a member hith section 605.0203 (1) (b), Florida Statutes, I am aware tha ent to the Department of State constitutes a third degree felon
DONALD A. WISEMAN	
	ed or printed name of signee
.71	Filing Fees