Laa00043844

	(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	o Filing Officer:





600394102246

S. CHATHAM OCT 13 2022

SECRET VALUE SECRET VALUE OF STATE OF SECRET VALUE OF SECRET OF SECRET

21122 SEP -8 PH 4:51

COVER LETTER

TO: New Filing Son Division of C			
SUBJECT:	PM UNETD, LLC		
	(Name of Res	ulting Florida Limited Con	ipany)
			d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Catherine P. Crowl	ey		
	(Contact Person)		
Morris Manning & M			
	(Firm/Company)		
3343 Peachtree Roa	d NE, Suite 1600		
	(Address)		
Atlanta, GA 30326			
((City, State and Zip Code)		
ccrowley@mmmlaw.	com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Catherine Crowle	y.	at (404)_495	3657
(Name of Conta	ici Person)		time Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
New Filing Section		New Filing S	
Division of Corporat	ions	Division of C P. O. Box 63	•
Clifton Building 2661 Executive Cent	er Circle	P. O. Box 63 Tallahassee.	
Tallahassee, FL 323		, all microbia	

INH\$11 (7/17)



September 9, 2022

CT CORP

CORRECTED
Please Allow For
Same File Date

Letter Number: 222A00020084

SUBJECT: PM UNLIMITED, LLC Ref. Number: W22000114180

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P22000019263.

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

Summer Chatham Regulatory Specialist II New Filing Section

RECEIVEL

CT CORP

I serve

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: ____ 09/08/2022

	Date:	09/08/2022	$\frac{1}{2}$ $\alpha: \mathcal{A}$
		Acc#I2016000007	2
Name:	PM Unlin	nited, LLC	
Document #:			
Order #:	1452839	2	
Certified Copy of Ar & Amend: Plain Copy: Certificate of Goo Standing:			
Certified Copy of			
Apostille/Notaria Certification:		Country of Destination Number of Certs:	
Filing: 🗸	Certifi Plain: COGS	ed: 🗸	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt: \$ 180.00	

Thank you!

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

SECRE MARK OF STATE BLYISTON OF CONTUNIONS

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: PM Unlimited, 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 Georgia
(Enter state, or if a non-U.S. entity, the name of the country)
On November 20, 2014
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: PM UNLTD. 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 12th day of October	2022
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Vickie Printed Name: Vickie L. Smith	L Smith Title: sole Manager
Signature(s) on behalf of Other Business Entity: [
Signature: Vickie L. Smith Printed Name: Vickie L. Smith	
Printed Name: Vickie L. Smith	Title: sole Manager
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
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.	corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	;
Fees:	<u>.</u>
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR F	LORIĐA LIMITED LIABI	LITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	·	
The name of the families indoming company of	•	
PM UNLTD, LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
212 Sand Harbor Dr. Ponte Vedra, F1, 32081		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regionsiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Vickie Smith		
Nan	10	
212 Sand Harbor Dr.		
Florida street address (P.	O. Box <u>NOT</u> acceptable)	
Ponte Vedra	F1_32081	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	in this certificate. Thereby acce wity. I further agree to comply performance of my duties, and	ept the appointment as with the provisions of al I am familiar with and
By: Vickie L SM	nith	
Registered Agent's Signature	gnature (REQUIRED)	i/> 53
(CONTI	NUED)	SECTION SELECTION OF COMMENTS OF THE PROPERTY
		$\begin{array}{ccc} \boldsymbol{\omega} & \boldsymbol{\Sigma} \boldsymbol{\omega} \\ \boldsymbol{\omega} & \boldsymbol{\Xi} \boldsymbol{\Xi} \end{array}$

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Vickie L. Smith 212 Sand Harbor Dr.
	Ponte Vedra, FL 32081
_ <u></u>	
<u> </u>	
(Use attachment if necessary) CLE V: Other provisions, if any.	
Sisis vi Sinei provincioni	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Vickis L. Smith	
Vickis L Smith Signature of a member of	r an authorized representative of a member se with section 605,0203 (1) (b), Florida Statutes, I am aware th ument to the Department of State constitutes a third degree felo
Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b). Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felor
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	se with section 605-0203 (1) (b). Florida Statutes. I am aware the

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)