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(Re	equestor's Name)		_
(Ad	ldress)		_
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(Cit	ty/State/Zip/Phone	÷#)	
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(Bu	ısiness Entity Nar	ne)	
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Conversion of FL Corporation t	o FL Limited Liabil	ity Company
50b0Ee11	esulting Florida Lim	
The enclosed Articles of Conversion. Art Business Entity" into a "Florida Limited	•	tion, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:	:
Kaustubh Nadkarni		
(Contact Person)		_
Nadkarni Law PLLC		
(Firm/Company)		_
1900 N. Bayshore Drive, Unit 1A, Suite 140		
(Address)		_
Miami, FL 33132		
(City, State and Zip Code	)	_
ip@nadkarnilaw.com		
E-mail Address: (to be used for future annual	report notifications)	_
For further information concerning this m	natter, please call:	:
Kaustubh Nadkarni	at ( <sup>786</sup>	300 1227
(Name of Contact Person)		e) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		processed by this office 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	S180.00 Filin and Certified Co	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: TSTAKE 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.)
Fir	rst organized, formed or incorporated under the laws of
on	01/18/2022
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DE	EVELOP LEGENDS LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T) the <u>No</u>	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
5.	The plan of conversion has been approved in accordance with all applicable statutes.
	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	26TH	day of OCTOBER	20 <u>2022</u>	
<u>Signature</u>	of Author	ized Representative of Lin	nited Liability Company:	
Cimantuma o	C Authoriz	ed Representative:		
Printed Nor	ne ROBER	T STANFIELD JR.	Title: PRESIDENT / OFFICER	
Timed Nai	nc. <u>110,00.11</u>			_ <del></del>
Signature(s	s) on behal	f of Other Business Entity:	[See below for required signature(s	)
Cimptura	<u> </u>	24 2022 15 47 1021		
Printed Nar	ne: ROBER	T STANFIELD JR.	Title: MANAGING MEMBER	
Timed Ivai				
Signature:			Title:	
Printed Nar	ne:		Title:	<del></del>
Sionature:				
Printed Nar	ne:		Title:	<del></del>
Signature:			Title:	
Printed Nai	me:		Title:	
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C: .				TALL HASSEF FLORIDA
Signature: Printed Mar			Title:	To a
i ilited iva				T. N
<u>lf Florida</u>			0.07	ASSE ASSE
Signature of	of Chairmai	n. Vice Chairman, Director, o	or Officer.	mor ?
II Director:	s or Officer	s have not been selected, an	incorporator musc sign.	1.0 318 1.0
If Florida	General P	artnership or Limited Liab	ility Partnership:	PM 12: UZ
Signature o	of one Gene	eral Partner.		₹1.
		a state on the dead think	Site Limited Dartnership	
Li Florida Signatures	of ALL G	<u>artnership or Limited Liab</u> eneral Partners.	mty Limited 1 arthersmp.	
Signatures	OI ALL O	cheful Futuro.		
All others				
Signature of	of an author	rized person.		
Fees:				
Ar	ticles of Co	onversion:	\$25.00	
		ida Articles of Organization		
	rtified Cop		\$30.00 (Optional)	
Ce	rtificate of	Status:	\$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lin	nited Liability Company is	s:	
DEVELOP LEGENDS	LLC		
(Musi	contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	lress: and street address of the p	principal office of the Limit	ed Liability Company is:
Principal Office Ac	ldress:	<b>Mailing Address:</b>	
111 NORTH ORANGE AVE, SUITE 800		27615 U.S. HIGHWAY 27 LEESBURG, FL 34748	SUITE 109
ORLANDO, FL 32801		LEESBORG, FL 34/40	
The name and the F	npany cannot serve as its own Registive Florida registration.)  lorida street address of the NADKARNI LAW PLLC	e registered agent are:	MON-L PHIZ: 02
	Name		F100
	1900 N. BAYSHORE DRIVE, UNIT 1A, SUITE 140		02 JR16
	Florida street address (P.O. Box NOT acceptable)		
	МІАМІ	FL <sup>33132</sup>	
	City	Zip	
liability compo registered agent c statutes relating	my at the place designated ind agree to act in this cap to the proper and complet	I to accept service of process in this certificate. I hereby a acity. I further agree to com e performance of my duties. registered agent as provided	weept the appointment as ply with the provisions of al and I am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Wanager	ROBERT STANFIELD JR.
<del></del>	111 NORTH ORANGE AVE SUITE 800
	ORLANDO, FL 32801
	SSE STATE OF THE SECOND OF THE
(Use attachment if necessary)	0 -1. Rife

### **REQUIRED SIGNATURE:**

<b>6</b> 1	
Robert Staff eld ur (Oct 28, 2022 16 42 ED7)	

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.

ROBERT STANFIELD JR.		
	Typed or printed name of signee	