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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. O'KEEFE

DEC - 9 2022

COVER LETTER

Division of C		•		
	W HOMES LLC			
SUBJECT:				
	(Name of Res	ulting Florida Limite	d Con	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
MEGAN WINSLOW				
WINSLOW HOMES LE	(Contact Person) .C			
3539 Tuscany Reserve	(Firm/Company) Blvd,	,		
	(Address)			
New Smyrna Beach, F	L 32168			
WINSLOWHOMESLLC	City, State and Zip Code) C@GMAIL.COM			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
MEGAN WINSLOW	-	38 6 at (690-5	5858
(Name of Conta	ct Person)		(Day	rtime Telephone Number)
	or the following amou a bank located in the		rocess	sed 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	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S			New Filing Section	
		Division of Corporations The Centre of Tallahassee		
P.O. Box 632	1		rue c	lettire of Tananassee

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: WINSLOW HOMES LLC.
(Enter Name of Other Business Entity) LLC.
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/20/2017
on
on (date of organization, formation or incorporation)
WINSLOW HOMES LLC. (Enter Name of Florida Limited Liability Company) FILING DATE
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.

2022 NOV 28 AM IO: 13

Signed this 22	day of NOVEMBER	2022 .
. Signature of Author	rized Representative of Lin	mited Liability Company:
	zed Representative:	A
Signature(s) on beha	If of Other Business Entity:	[See below for required signature(s)]
Printed Name: MEGAN	WINSLOW	Title: CEO
Signature:		_
Printed Name: RYAN C	WINSLOW	Title: MANAGER
Simptura		
Printed Name:		Title:
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
Signature:		Title:
rinited Name	······	true.
If Florida Corporation		220
	n, Vice Chairman, Director, c s have not been selected, an l	
in breetors of officer	s nave not been selected, an	meorpotatot muse sign.
	artnership or Limited Liab	ility Partnership:
Signature of one Gene	rai raimer.	
If Florida Limited Pa Signatures of ALL Go	artnership or Limited Liab eneral Partners.	ility Limited Partnership:
All others: Signature of an author	ized person.	
Fees:		

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: Certificate of Status: \$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:		
WINSLOW HOMES LLC. (Must contain the words "Limited Liability	Company "L.L.C." or "LLC")	
ARTICLE II - Address: The mailing address and street address of the pri		Liability Company is:
Principal Office Address:	Mailing Address:	· · ·
3539 Tuscany Reserve Blvd, New Smyrna Beach, Ft 32168	3539 Tuscany Pissenre Blvd. New Smyrria Beach. FL 32168	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the Register address of the	ered Agent. You must designate an indi-	
Name		
3539 Tuscany Reserve Blvd,		
Florida street address (P.O.	Box NOT acceptable)	
New Smyrna Beach,	32168 FL	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby accep ty. I further agree to comply w erformance of my duties, and t	ot the appointment as with the provisions of all I am familiar with and
100		
Registered Agent's Signa (CONTINU		2022 NOV 28 AM 10:

ARTICLE IV-

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	MEGAN WINSLOW	
	3539 Tuscany Reserve Blvd,	
	New Smyrna Beach, FL 32168	
MGR	RYAN C WINSLOW	
	3539 Tuscany Reserve Blvd,	
	New Smyrna Beach, FL 32168	
		
	Α. Ν	
(Use attachment if necessary)	ALLI AHASSI	
(Ose attachment if necessary)	ASS	
	Sign 8	
ARTICLE V: Other provisions, if any.	E A I	7
THE POSITION Of The Provision In May.		
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11 1 2 2 2 2		_
REQUIRED SIGNATURE:		
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	V V	

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.

MEGAN	WINSI	LOW:
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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)