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(Re	equestor's Name)	
(Ad	dress)	
(Δα	ldress)	<del></del>
(AU	uiess,	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
	Office Use On	ـــــــــــــــــــــــــــــــــــــ



12/08/22--01010--00S \*\*150.00



# COVER LETTER

TO: New Filing Section Division of Corporations	<b>;</b>	
SUBJECT: GOLDFISH VOLLE	YBALL, LLC	
SOBSECT.	Name of Resulting Florida Limit	ed Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence	concerning this matter to:	
Ralph Dyer		
(Contact P	erson)	
Widerman Malek, PL		
(Firm/Con	npany)	
506 Celebration Ave.		
(Addre	ess)	
Celebration, FL 34747		
(City, State and	1 Zip Code)	
registeredagent@uslegalteam.com	n	
E-mail Address: (to be used for fut	ure annual report notifications)	
For further information concerni	ing this matter, please call:	
Ralph Dyer	at ( 407	566-0001
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo dollars and drawn on a bank loca		rocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 and Certific Status		
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

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 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  GOLDFISH VOLLEYBALL, 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.)
(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)
August 21, 2006
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  GOLDFISH VOLLEYBALL, LLC
(Enter Name of Florida Limited Liability Company)
January 1, 2023 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 11th day of October	_ 20	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: Printed Name: Anne-Marie Balboni	Title: Manager	_
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)	
Signature: Anne-Marie Balboni Printed Name: Anne-Marie Balboni	Title: President	_ _
Signature: Printed Name:	_ Title:	
Signature:Printed Name:		- - 20
Signature:Printed Name:	_ Title:	ALL PIL
Signature:Printed Name:	Title:	FILE AMID: 26
Signature:Printed Name:	_ Title:	0: 26
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors 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)	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Li	ability Company is:		
GOLDFISH VOLLEYBALL, L			
(Must contain t	he words "Limited Liability)	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and str	eet address of the prir	ncipal office of the Limited Liability C	lompany is:
Principal Office Address:		Mailing Address:	
1902 Sorrento Circle		1902 Sorrento Circle	
Melbourne, FL 32904		Melbourne, FL 32904	· ~3
			280
(The Limited Liability Company can business entity with an active Florida The name and the Florida st	not serve as its own Register la registration.)	Office, & Registered Agent's Signat and Agent. You must designate an individual or and gistered agent are:	urer 6 AF 10: 26
	Name	-	•
	/. New Haven Ave., Ste		
Florida	street address (P.O.)	Box <u>NOT</u> acceptable)	
Melbour	rne	FL <sup>32904</sup>	
	City	Zip	
liability company at the registered agent and agree statutes relating to the pi accept the obligations	e place designated in t e to act in this capacit roperfund complete pe	accept service of process for the above his certificate. I hereby accept the apport. I further agree to comply with the properformance of my duties, and I am family stered agent as provided for in Chapter Admit (REQUIRED)	ointment as covisions of al liar with and

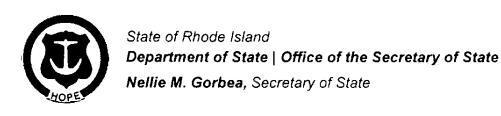
(CONTINUED)

#### ARTICLE IV-

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

<del></del>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Anne-Marie Balboni
	1902 Sorrento Circle
	Melbourne, FL 32904
	200
	7. 6
	<u> </u>
	3.
(Use attachment if necessary)	2
<b>(</b> · · · · · · · · · · · · · · · · ·	<b>(a)</b>
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu-	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docu-	with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docuras provided for in s.817.155, F.S.  Anne-Marie Balboni	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree for printed name of signee

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



#### CERTIFICATE OF GOOD STANDING

I. Nellie M. Gorbea. Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

#### GOLDFISH VOLLEYBALL INC

is a Rhode Island Business Corporation organized on **August 21, 2006.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

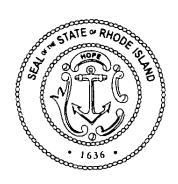
This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Tulli U. Soler

November 15, 2022

Secretary of State



Certificate Number: 22110075410

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli