122000534107

(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/F	hone #)
PICK-UP WAI	MAIL
(Business Entity	Name)
(Document Nun	hber)
Certified Copies Certifi	cates of Status
Special Instructions to Filing Office	:
	14
Office Us	e Only

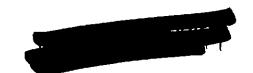


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SECRETARY OF STATE

FILED



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2022

JORDAN HENDERSON P.O. BOX 1213 ISLAMORADA, FL 33036

SUBJECT: FLORIDA KEY'S BOAT RENTALS OF ISLAMORADA

Ref. Number: W22000154041

We have received your document for FLORIDA KEY'S BOAT RENTALS OF ISLAMORADA and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must type the complete/legal name of the individual(s) signing the document in each signature block.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 822A00027827

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Florida Key's Boat Rental's of Islanorada
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Tordan Henderson (Contact Person) Florida Keys Boat Rental's of Islamorada (Firm/Company)
(Contact Person)
Florida Keys Boat Rentals of Islamorada
P. O. Box 1218 (Address)
Islanorada FL. 33036 (City, State and Zip Code)
(City, State and Zip Code) Hdiscus 7@gmail. com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Tordan Henderson at (305) 546-4867 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
(\$25 for Conversion and Certificate of and Certified Copy Certificate of Status of Organization) Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Street Address: New Filing Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
i alialiassee, fil 34303

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion:	ind attached	Articles of Org	ganization are	submitted to	o convert the	following
"Other Business Entity" in	to a Florida	Limited Liabili	ity Company	in accordance	e with s.605	.1045, Florida
Statutes.						
	l					+ 1

1. The name of the "Other I	usiness Entity" immediately prior to the filing of the Articles of Conversion is: y's Boat Rental's of Islamorada (Enter Name of Other Business Entity)
	(Enter Name of Other Business Entity)
2. The "Other Business Enti (Enter entity type.	ty" is a Corporation limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or in	corporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on \int \lambda \lambda \int \lambda \lambda \int \int \int \int \int \int \int \int	n or incorporation)
3. The name of the Florida	imited Liability Company as set forth in the attached Articles of Organization:
Florida Ke	y's Boat Rental's of Islamorada LLC
(Ente	r Name of Florida Limited Liability Company)
4. If not effective on the date (The effective date: Cannot	e of filing, enter the effective date: $\frac{11/29/22}{2}$. be prior to date of receipt or filed date nor more than 90 calendar days after
	led by the Florida Department of State.)
	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
-	S.F. L
6. The "Converted or Other B which such members are e	usiness Entity" has agreed to pay any members having appraisal rights the amount of titled under ss. 605.1006 and 605.1061-605.1072, F.S.

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat		
The name of the Li	imited Liability Company is:	8
Florida	Keys Boat Rentals	company, "L.L.C.," or "LLC.")
(Mt	ust contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:	•
The mailing address	ss and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office A	Address:	Mailing Address:
77522 04	ersea's hwy	P.O. 1213 Islamorada FL. 33034
Islamorade	FL. 3303 b	Islamorada FL.
		33034
business entity with an The name and the	active Florida registration.) Florida street address of the reg	
	Jordan Hender	50.7
	Name	
-	Name 77522 Overseas hu Florida street address (P.O. E	· ·
	Florida street address (P.O. I	Box NOT acceptable)
	Islamorada City	FL 33036
	City	Zip
registered agent statutes relating	and agree to act in this capacity g to the proper and complete pe	cocept service of process for the above stated limiter his certificate, I hereby accept the appointment as to. I further agree to comply with the provisions of a rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **REQUIRED SIGNATURE:** 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. 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)

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