L23000027298

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(Only/Otate/Elp/ Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/31/22--01031--001

file 1/23/2023

W22-113602

COVER LETTER

Division of O				
SUBJECT:	,	Michael ulting Florida Limited	Peggs	LLC
	(Name of Res	ulting Florida Limited	Company)	
The enclosed Article Business Entity" int	es of Conversion, Artic o a "Florida Limited Li	les of Organization ability Company" i	, and fees are s	submitted to convert an "Other with s. 605.1045, F.S.
Please return all cor	respondence concerning	g this matter to:		
Michael	A. Pagys J.			
Micha	el Pezzs LL (Firm/Company)	L		
	(Firm/Company)			
650	VE 32 Str. (Address)	cet unit dibt	ル	
	(Address)	•		
Miami	FL 33137 (City, State and Zip Code)			
	(City, State and Zip Code)			
mik	e @ marcc;	x. Lom		
	be used for future annual re			
For further information	tion concerning this ma	tter, please call:		
Michael	Perss	at (215)	872 -0	407
(Name of Con	Pcy55 tact Person)	(Area Code)	(Daytime Teleph	one Number)
Enclosed is a check dollars and drawn o	for the following amoun a bank located in the	int: (All checks pro United States)	cessed 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 Fe and Certified Copy	Certificate	Copy, and
Mailing Ad	dress:	St	treet Address:	
New Filing		\overline{N}	ew Filing Sect	ion
	Corporations		ivision of Cor	
P.O. Box 63	27	17	he Centre of T	ananassee

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 Mich (Enter Name)	"immediately prior to the	e filing of the Artic	les of Conversion is:
(Enter Name	of Other Business Entity)		-
2. The "Other Business Entity" is a(Enter entity type. Example: corporate	Li mi k d ation, limited partnership, gene	Liability eral partnership, comm	Company
First organized, formed or incorporated und	der the laws of	if a non-U.S. entity, th	e name of the country)
on March 18 2013 (date of organization, formation or incorporation)	on) .		
3. The name of the Florida Limited Liabili			ticles of Organization:
Michael (Enter Name of Florid	Penns LLC a Limited Liability Company)		<u> -</u> -
4. If not effective on the date of filing, ento (The effective date: Cannot be prior to d the date this document is filed by the Flo Note: If the date inserted in this block does not me document's effective date on the Department of Sta	ate of receipt or filed da orida Department of Sta et the applicable statutory filin	te nor more than ite.)	90 calendar days after
5. The plan of conversion has been approve	ed in accordance with all	applicable statutes.	
6. The "Converted or Other Business Entity" which such members are entitled under ss	has agreed to pay any me 6. 605.1006 and 605.1061-6	mbers having appra 605,1072, F.S.	isal rights the amount to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	00 3 3	
Signed this 18 day of 0 ctober	20 <u>84</u>	
Signature of Authorized Representative of Limite	ed Liability Company:	
AM D		
Signature of Authorized Representative: Printed Name: Michael A. Peps are	<u> </u>	
Printed Name: Michael A. Pegs or.	Title: Fonder : LEU	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)	
4 A man		
Signature: Printed Name: Michael A. Pagy Jr.		Ci. iman
Printed Name: Michael A Pagy Jr.	Title: Forther : CEU , C	_h < 1 · · · · · · ·
Signature:Printed Name:		-
Printed Name:	Title:	
Signature:Printed Name:	rm'. I	_
Printed Name:	_ 1 itie:	_
Signature:Printed Name:	Title	
Printed Name:	_ 1 ide	
Signature:Printed Name:	Title:	
Printed Name:		
C'arataga		
Signature:Printed Name:	Title:	
Printed Name.		
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	ty Partnership:	
Signature of one General Partner.		
•		
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	. ~3
Signatures of ALL General Partners.		2023 JAN 23
All others:		
Signature of an authorized person.		$\sim \omega$
Fees:		
	#95.00	9: 4 5
Articles of Conversion:	\$25.00	- (
Fees for Florida Articles of Organization:	\$125.00	_
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability C	Company is:	
Mic	heel Peggs, L Limited Liability Company, "L.	LĆ
(Must contain the words "I	Limited Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ess of the principal offic	e of the Limited Liability Company is:
Principal Office Address:	Mailing A	Address:
650 NE 322 Str 6502 Minni PL 33137	met 650	D NE 32 nd Street + 2602 n: FL 33137
ARTICLE III - Registered Agent, (The Limited Liability Company cannot serve a business entity with an active Florida registrati	is its own Registered Agent. You	Registered Agent's Signature: u must designate an individual or another
The name and the Florida street add	lress of the registered ag	ent are:
Tina -	Name	<u>d</u>
	Name	
1971	NW S. River address (P.O. Box NOT	Drie unt 1901
Florida street a	iddress (P.O. Box NOT	acceptable)
Miani	FL FL	<i>331</i> 35
	City	Zip
liability company at the place of registered agent and agree to act if statutes relating to the proper and accept the obligations of my possible.	designated in this certific in this capacity. I further ud complete performance	
	(CONTINUED)	2023 JAN 23 AK

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M h /	Michael A-12cgs V. 650 NE 322 Street, harr. Mi-mi, FL 33137
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	M D
This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that the to the Department of State constitutes a third degree felor
as provided for in s.o.i 7.155. 1.5.	

\$ 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

ARTIČLE IV-

Company:

2023 JAN 23 AT 5. 45