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BIVISEL FOR CORPORATIONS
TALL FOR SECURITY SERVICES OF SECURITY OF OF

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# **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: (Mexicular of Reserved)	ed Me. ulting Florida Limited Con	ıpany)	_
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia			
Please return all correspondence concerning	g this matter to:		
ASMLY EMMUN (Contact Person) (WSTU WIT LAMIGNEST (Firm/Company) PO BOX 210139 (Address)	-,LLC		
(City, State and Zip Code)	6324		
15-in Address: (to be used for future annual rep	port notifications)		
For further information concerning this mat	iter, please call:		
Ashley Enmann (Name of Contact Person)	at ( 248 ) 3 (Day	09 - 1348 time Telephone Number)	_ <del></del>
Enclosed is a check for the following amou dollars and drawn on a bank located in the U		sed by this office mus	t be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$150.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	⊠\$185.00 Filing Fees, Certified Copy, and Certificate of Status	lss \$52.50 = \$132.50
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Sunassee, FL 32303	o we a

# **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.

Signed this 22 day of December	20 22
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Ash Printed Name: ASNIEY ENMANN	ly Ehmann Tille: CED
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: <u>Ashley Ehmann</u> Printed Name: <u>Ashley Ehmann</u>	Title: Chief Financial Officer
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

Continued Liability Company ("Lince Liability Company," L.L.C.," or "L.C.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address  Ma	ARTICLE 1 - Name: The name of the Limited Liability Company is:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    121   Sunvinord P	Enester Limited Mid	livest, LLC	
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    1291 Summ   1000 P	(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.LC.")	
Principal Office Address:    1291 Summinod   P			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Jeffrey   Shelman     Name	The mailing address and street address of the pri	incipal office of the Limited	Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	1291 Sunnimood Pl	00 box 40639	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	<del></del>	Auburn Hills MI 483	521
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	(The Limited Liability Company cannot serve as its own Registon business entity with an active Florida registration.)	ered Agent. You must designate an in	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED)			
Florida street address (P.O. Box NOT acceptable)  PORT SAINT LUCID FL 34980  City Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)  (CONTINUED)	Name	Section Control	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)	401 NW (M) Florida street address (P.O.	OSMOT LM Box <u>NOT</u> acceptable)	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)	Port Saint Lucie	FL 34986	
liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED)  (CONTINUED)	City	Zip	
(CONTINUED)	liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete p	this certificate, I hereby accordiy. I further agree to comply performance of my duties, and	ept the appointment as with the provisions of all d I am familiar with and
<b>70.</b> 00 € 10.			100 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

#### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	d Miller Land
AMBK/MUR	Amber Sheehan-Jeliner
·	1201 SWMWOOD PI
	Rochester, MI 48300
m ur	Ashley Enmann
	PO BOX 210639
	Auburn Hills, MI 48321
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary)  CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	hi Ehmann
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	y Ehmann
REQUIRED SIGNATURE:  Signature of a member	Or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member This document is executed in accord	O
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes, I am aware tha document to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes, I am aware tha

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