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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Commerce Linity Harrier) |
| (Document Number) |
| (Second Name) |
| Contified Copies Contificates of Status |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of C | orporations | | | |
|--|--|-------------------------------------|--------------------------|--|
| SUBJECT: Turtles V | enture 5, LLC | | | |
| 30B0EC1: | (Name of Res | ulting Florida Lim | ited Con | npany) |
| | | | | d fees are submitted to convert an "Oth coordance with s. 605.1045, F.S. |
| Please return all corre | espondence concerning | g this matter to: | | |
| Edwin Ciskowski | | | | |
| | (Contact Person) | | _ | |
| | (Firm/Company) | <u></u> | _ | |
| 5920 Goodlette Frank | Road | _ | _ | |
| | (Address) | | | |
| Naples, FL 34135 | | | | |
| | City, State and Zip Code) | | _ | |
| eciskowski@sancaptru | istco.com | | _ | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further information | on concerning this ma | tter, please call: | | |
| Edwin Ciskowski | | _at (<u>847</u> | 275-4 | 1957 |
| (Name of Conta | ct Person) | (Area Code | (Day | rtime Telephone Number) |
| | or the following amou a bank located in the | | process | 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 Filin and Certified Co | _ | ■\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Adde New Filing So Division of C P.O. Box 632 | ection orporations 7 | | New I Divisi The C | t Address: Filing Section ion of Corporations Centre of Tallahassee |
| Tallahassee, I | -L 32314 | | 2415 | N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

TO: New Filing Section



October 27, 2022

EDWIN CISOWSKI 5920 GOODLETTE FRANK RD NAPLES, FL 34135

SUBJECT: TURTLES VENTURE 5, LLC

Ref. Number: W22000135846

We have received your document for TURTLES VENTURE 5, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 022A00024131

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Division of Communities and DOV 6997 Wellshoper Florida 9991

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 followi "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, F Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Turtle Ventures L.L.C. | f Conversion |
|---|-------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law | v or business tru |
| First organized, formed or incorporated under the laws of | e of the country |
| 04/05/2004 on . | · , |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles | of Organizat |
| Turtles Venture 5, LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| 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 ca 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 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 ri which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | ighte the amour |
| | <u> </u> |
| : | Ċė |

| Signed this 19 day of October | 20 <u>22 .</u> |
|--|---|
| Signature of Authorized Representative of J | |
| | |
| Signature of Authorized Representative: | |
| Printed Name: Edwin C. C. Skowski | Title: Managing Member |
| | , J |
| Signature(s) on behalf of Other Business Enti | ty: [See below for required signature(s)] |
| Signature: | • |
| Printed Name: Fawn Cakoush | Title: What is Maril |
| Timed Name. Pow, a Casottasa | Title. Tha Majoria Programme |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Si | |
| Signature:Printed Name: | Title |
| rimed Name. | Title |
| Signature: | |
| Printed Name: | |
| | |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director | r or Officer |
| If Directors or Officers have not been selected, a | |
| , | |
| If Florida General Partnership or Limited Li | ability Partnership: |
| Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limited Lie | ability Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| - P | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization | |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAI

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| Turtles Venture 5 LLC (Must contain the words "Limited Liability) | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Compan |
| Principal Office Address: | Mailing Address: |
| 2230 Camino Del Mar Drive | 5920 Goodlette Frank Road |
| Unit 2A3 | Naples, FL 34109 |
| Sanibel, FL 33957 | |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the Edwin Ciskowski | stered Agent. You must designate an individual or another |
| Nam | |
| Nam | C |
| 5920 Goodlette Frank Road | |
| Florida street address (P.C | D. Box NOT acceptable) |
| Naples | FL 34109 |
| City | Zip |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re | to accept service of process for the above stated liming this certificate, I hereby accept the appointment a city. I further agree to comply with the provisions aperformance of my duties, and I am familiar with a gistered agent as provided for in Chapter 605, F.S. |

(CONTINUED)

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 | Edwin Ciskowski | | | |
| | 5920 Goodlette Frank Road | | | |
| | Naples, FL 34109 | | | |
| MGR | Lisa Ciskowski | | | |
| | 5920 Goodlette Frank Road | | | |
| | Naples, FL 34109 | | | |
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| (Use attachment if necessary) | | | | |
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| ICLE V: Other provisions, if any. | | | | |
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| | | | | |
| | | | | |
| <u>REQUIRED</u> 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

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.

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)