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DATE:

02/09/23

NAME: BURKE & CROCHET, LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO:	New Filing So Division of C				
SURI	IECT: BURKE	& CROCHET, LLC			
5010		(Name of Res	sulting Florida Lim	ited Con	ipany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Sarah	J. Harnden, Esc	Į.	•		
		(Contact Person)			
Dunla	p & Moran, PA				
		(Firm/Company)		_	
РО В	ox 3948				
	·	(Address)		_	
Saras	ota, FL 34230-39	948			
-	((	City, State and Zip Code)		_	
marks	sburke@gmail.co	m			
E-r	nail Address: (to b	e used for future annual re	port notifications)	~~	
For fi	irther information	on concerning this ma	tter, please call:		
Sarah	J. Harnden		at ( 941	_)_366-0	D1 <b>1</b> 5
	(Name of Conta	ct Person)	(Area Code	(Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	i0.00 Filing Fees or Conversion 5 for Articles anization)	\$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 Addr New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

# 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:  BURKE & CROCHET, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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)
November 03, 2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  BURKE & CROCHET, 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 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 day of February	20_73
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:  Printed Name: Mark Burke	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)
Signature:	
Printed Name: Mark Burks	Title: MGR
Signature:Printed Name:	Title
	<del>-</del>
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	m: .
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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SECRETARY OF STATE

ARTICLES OF ORGA	NIZATION FOR	R FLORIDA LIMITED LIAB	ILITY COMPANY	
ARTICLE I - Name: The name of the Limited	Liability Company	y is:		
BURKE & CROCHET, LLC				
(Must conta	in the words "Limited Li	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and	street address of th	e principal office of the Limited	d Liability Company is:	
Principal Office Addres	<u>s:</u>	Mailing Address:		
2800 Harborside Drive P9		5380 Gulf of Mexico Drive, #105		
Longboat Key, FL 34228		Longboat Key, FL 34228		
		····		
ARTICLE III - Register (The Limited Limitity Company of business entity with an active Florida The name and the Florida	cannot serve as its own F orida registration.)	ered Office, & Registered Age Registered Agent. You must designate an in the registered agent are:	nt's Signature: ndividual or another	
Mark		•		
<u></u>	<del></del>	ame		
2000	Harbarida Diiya DO			
*******	Harborside Drive P9 Ida street address (	P.O. Box NOT acceptable)		
	oat Key	FL 34228		
	City	Zip		
liability company at registered agent and ag statutes relating to the	the place designate ree to act in this ca proper and compl	nd to accept service of process for the in this certificate, I hereby accupacity. I further agree to comply ete performance of my duties, and s registered agent as provided for the complete the complete for the	ept the appointment as y with the provisions of all ad I am familiar with and	

<u>Title:</u> "AMBR" = Author		Name and Address:	
	ized Member	200000000000000000000000000000000000000	
"MGR" = Manager			
MGR		Mark Burke	
	_	2800 Harborside Drive P9	
		Longboat Key, FL 34228	
	<del>.</del>		
(Use attachment if i			
LE v: Other provisi			
LE V: Other provis			
REQUIRED SIGN			
Signature This document is ex any false information as provided for in s.8	of a member or an ecuted in accordance win submitted in a documen	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that int to the Department of State constitutes a third degree felony	
Signature This document is ex any false information	of a member or an ecuted in accordance win submitted in a documental 17.155, F.S.	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that int to the Department of State constitutes a third degree felony	- 2
Signature This document is ex any false information as provided for in s.8	of a member or an ecuted in accordance win submitted in a documental 17.155, F.S.	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that nt to the Department of State constitutes a third degree felony  d or printed name of signee	2023
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Signature This document is ex any false information as provided for in s.8 Mark Burke  \$125.00 Filing I	of a member or an ecuted in accordance win submitted in a document 317.155, F.S.  Type	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that not to the Department of State constitutes a third degree felony d or printed name of signee  Filing Fees Organization and Designation of Registered Agent	2023 JAN
Signature This document is ex any false information as provided for in s.8 Mark Burke  \$125.00 Filing I	of a member or an ecuted in accordance win submitted in a documental 17.155, F.S.	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that not to the Department of State constitutes a third degree felony d or printed name of signee  Filing Fees Organization and Designation of Registered Agent	2023 JAH -9
Signature This document is ex any false information	of a member or an ecuted in accordance win submitted in a documen	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that	

ARTICLE IV-