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(Requestor's Name)
(Address)
,
(Address)
(0): (0): (5): (5)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Division of C							
SUBJECT: Fund Git	t Services LLC						
50b/LC1	(Name of Res	ulting Florida Limit	ed Cor	mpany)	-		
				nd fees are submitted to decordance with s. 605.10			her
Please return all corre	espondence concernin	g this matter to:					
Tim Maxwell							
	(Contact Person)	<u> </u>					
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·					
2436 Cove Rd							
	(Address)						
Navarre, FL 32566							
	City, State and Zip Code)				FE 25	23	
tim.maxwell8@yahoo.					<u> </u>	33.8	7
E-mail Address: (to b	e used for future annual re	port notifications)			3.5	်တ ၊	<u></u>
For further informati	on concerning this ma	tter, please call:			877 E	2 -	
Tim Maxwell		at (678	283-	2216	_ in	P# 2	
(Name of Conta	ict Person)		(Day	ytime Telephone Number)	- 180 1080 1181 S	2: 3	
	or the following amou a bank located in the		roces	sed by this office must b	e payabl	_	S
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add	ress:			t Address:			
New Filing S				Filing Section			
Division of C P.O. Box 632				sion of Corporations Centre of Tallahassee			
Tallahassee, I				N. Monroe Street, Suite	810		
i ananassee, i				hassee, FL 32303	2.5		

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" immediately prior to the filing of the Articles Fund Gift Services LLC	of Conversion is:
(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 limited partnership.	
First organized, formed or incorporated under the laws of	23 FAL
June 19, 2019 on (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Article	EB -2 PM
Fund Gift Services LLC	2000 CO
(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 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 we 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 18 day of January	20_23
Signature of Authorized Representati	ve of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Tim Maxwell	Title: Member and Manager
Signature(s) on behalf of Other Busines	ss Entity: [See below for required signature(s)]
Signature: Timothy Marwell (Jun 18, 2023 09 56 CST)	
Printed Name: Tim Maxwell	Title: Member and Manager
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, D	Director, or Officer
If Directors or Officers have not been sele	
If Florida General Partnership or Limi Signature of one General Partner.	ted Liability Partnership:
If Florida Limited Partnership or Limi Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:
All others: Signature of an authorized person.	

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fund Gift Services LLC	<u> </u>			
(Must o	contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Addr	ress:			
		e principal office of the Limited	Liability Company is	s:
Principal Office Add	droce.	Mailing Address:		
Tillelpar Office Add	<u> </u>	Manning Address.		
2436 Cove Road		2436 Cove Road	<u>-</u>	
Navarre, FL 32566		Navarre, FL 32566		
		·		
business entity with an acti		legistered Agent. You must designate an in		
The name and the Flo	orida street address of t im Maxwell	he registered agent are:	1A1 181	
The name and the Flo	orida street address of t im Maxwell	he registered agent are:	23 F SECH TALLA	JJ.
The name and the Flo	orida street address of t im Maxwell		23 FEB - SECRETAT TALLAHAS	<u></u>
The name and the Flo	orida street address of t im Maxwell N 436 Cove Road		23 FEB -2 SECRETARY TALLAHASSEE	_
The name and the Flo	orida street address of t im Maxwell N 436 Cove Road	ame	23 FEB - 2 PM SECRETARY OF TALLAHASSEE.	FILED
The name and the Flo	orida street address of t im Maxwell N 436 Cove Road Florida street address (P.O. Box <u>NOT</u> acceptable)	23 FEB -2 SECRETARY TALLAHASSEE	_

(CONTINUED)

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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	Tim Maxwell		
	2436 Cove Road		
	Navarre, FL 32566		
			
			
			
		AS N	
(Use attachment if necessary))
(One addentified it necessary)		CRET	
		SS V	
ARTICLE V: Other provisions, if any. The effective date of these Articles of Organization	on is January 16, 2023.	ēr<	יות
		ا دن ـــ	
		<u> </u>	<u></u>
		<u> </u>	

REQUIRED SIGNATURE:

TIMOTHY MAXWELL
TIMOTHY MAXWELL (Jan 13, 1923 09 56 CST)

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.

T	im	MA:	axwe	all
	11 1	1716	1A V V V	

Typed or printed name of signee

Filing Fees

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

Articles of Conversion and Articles of Organization

Final Audit Report

2023-01-18

Created:

2023-01-18

By:

Haley Hadden (haley@lawpensacola.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAIj3GJMLPVz8tEyOoHP50xpOhQ0PLw8QS

"Articles of Conversion and Articles of Organization" History

- Document created by Haley Hadden (haley@lawpensacola.com) 2023-01-18 2:04:03 PM GMT
- Document emailed to Timothy Maxwell (tim.maxwell8@yahoo.com) for signature 2023-01-18 2:08:43 PM GMT
- Email viewed by Timothy Maxwell (tim.maxwell8@yahoo.com) 2023-01-18 3:54:17 PM GMT
- Opcument e-signed by Timothy Maxwell (tim.maxwell8@yahoo.com)
 Signature Date: 2023-01-18 3:56:13 PM GMT Time Source: server
- Agreement completed.
 2023-01-18 3:56:13 PM GMT

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SECRETARY OF SEME