# 23000085419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23000025699

Office Use Only



200402087362

02/08/22--01025--097 ++155.00

# COVER LETTER

Division of Corporations		
SUBJECT: McGuire Realty Gro	up	
<del></del>	Name of Resulting Florida Limit	ed Company)
The enclosed Articles of Convers Business Entity" into a "Florida I	ion, Articles of Organizati- Limited Liability Company	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence		
Lauren McGuire		
(Contact Pe	rson)	
McGuire Realty Group		
(Firm/Comp	pany)	
925 16th St N		
(Address	;)	
Jacksonville FL 32250		
(City, State and 2	Zip Code)	
LmcGuire.realtor@gmail.com		~~
E-mail Address: (to be used for futur	e annual report notifications)	<b>23</b> SEL
For further information concernin	g this matter, please call:	ARCED ARCED
Lauren McGuire	at ( <u>770</u> )	540-2939
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow dollars and drawn on a bank locate	ing amount: (All checks pr	rocessed by this office must be payable in US
\$150.00 Filing Fees \$25 for Conversion \$ \$125 for Articles of Organization)		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1 1 F	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee

Tallahassee, FL 32303

**TO:** New Filing Section

## **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 A McGuire Realty Group	articles of Conversion is:
(Enter Name of Other Business Entity)	<u> </u>
2. The "Other Business Entity" is a LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of	
06/01/2020 on (Enter state, or if a non-U.S. entity	y, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Ortognization
McGuire Realty Group LLC	
(Enter Name of Florida Limited Liability Company)	B - 8
4. If not effective on the date of filing, enter the effective date:	me = m
The effective date: Cannot be prior to date of receipt or filed date nor more that 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statut	es.

- 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.

S	igned	this	24
J	ISHCU	11113	

Feb

2023\_\_\_\_

Signature of Authorized	Representative of Limited	Liability Company:

Signature of Authorized Representative:
Printed Name:\_Lauren McGuire

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

LAUREN McGUIRE
Signature:
Printed Name:\_Lauren McGuire

Signature:
Printed Name:

Signature:
Printed Name:
Title:

## If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

#### If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

#### If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

#### All others:

Signature of an authorized person.

#### Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

23 FEB -8 PH 2: SECRETARY D- COA

23 FEB -8 PH 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	npan, 13.
McGuire Realty Group LLC	
(Must contain the words "Lin	nited Liability Company, "L.I.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address  Principal Office Address:	s of the principal office of the Limited Liability Company is  Mailing Address:
925 16th St N Jacksonville Beach FL 32250	925 16th St N  Jacksonville Beach FL 32250

(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:

McGuire Realty Group	auren	McGuire	ĪĄ[		
Na	me		SEC	23	
925 16th St N			AHA HZE:	FEB	<u></u>
Florida street address (P	.O. Box <b>NO</b> T	<u>r</u> acceptable)	\$25 \$25 \$25 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$3	c O	
Jacksonville Beach	FL <sup>322</sup>	250	[] (I)	PH	
City		Zip	11 H	 ∴	

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)

A	D	TI	CI	Г	IV-
	Л		UΙ	ıΓ.	1 V -

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR = Manager	Lauren McGuire 925 16th st N
	Jacksonville Beach FL 32250
(Use attachment if necessary)	•
LE V: Other provisions, if any.	SECRET FALLAHA
	S/A C
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·
fouren M	19dii
The decement is excented in actinitiance to	a authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes. I am aware nt to the Department of State constitutes a third degree f
	1200
Lauren	
	d or printed name of signee Filing Fees

Control Number: 20083935

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF ORGANIZATION

I, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

## McGUIRE REALTY GROUP LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 06/01/2020 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

SECRETARY OF STATE PALLAHASSEE, PLADID.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 06/05/2020.



Brad Rafforeperger

Brad Raffensperger Secretary of State

#### ARTICLES OF ORGANIZATION

\*Electronically Filed\* Secretary of State

Filing Date: 6/1/2020 11:41:14 AM

## BUSINESSINFORMATION

**CONTROL NUMBER** 

20083935

**BUSINESS NAME** 

McGUIRE REALTY GROUP LLC

**BUSINESS TYPE** 

Domestic Limited Liability Company

**EFFECTIVE DATE** 

06/01/2020

## PRINCIPAL OFFICE AND RESS.

**ADDRESS** 

3913 KILGORE FALLS: DR; GAINESVILLE, GA, 30507, USA

## REGISTEREDAYERST

NAME

**ADDRESS** 

COUNTY

CHARLIE PLUNKETT

6911 CLEVELAND HWY - STE 102, CLERMONT, GA

Hall

## ORGANIZAR(S)

NAME

//TITLE 🦈

**ÀDDRESS** 

LAUREN McGUIRE

(3913 KILGÖRE FALLS DR. GAINESVILLE: GAT-30507; USA ÓRGANIZER

## OPUIONAL PROVISIONS

N/A

## **AUTHORIZERINFORMATION**

AUTHORIZER SIGNATUŘĖ\

LAUREN-McGUIRE

**AUTHORIZER TITLE** 

**∨**Organizer