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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



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D. C. KLEFE

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COVER LETTER

TO: New Filing S Division of C			,	•	
SUBJECT: Venture	•		;	:	
SOBJECT.	(Name of Res	ulting Florida Limito	ed Company)		
	s of Conversion, Artic a "Florida Limited Li	~			
Please return all corre	espondence concerning	g this matter to:			
Michael Cassady					
	(Contact Person)				
Venture Investment Co	o., LLC				
	(Firm/Company)				
C/O 6606 Nightingale	Bluff Lane				
	(Address)				
Louisville, KY 40241					
((City, State and Zip Code)				
cassadyvenllc@gmail.	com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Michael Cassady		_at (502	608-7699		
(Name of Conta	ict Person)	(Area Code)	(Daytime Tele	ephone Number)	
	for the following amou a bank located in the	•	rocessed by th	his office must be	payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy	v Certifie	5.00 Filing Fees, ed Copy, and cate of Status	
Mailing Add			Street Addre		
New Filing S			New Filing So Division of C		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, 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: Venture Investment Co., LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
September 20, 1994 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: Venture Investment Co., 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.

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Signed this 1st	day of January	_ 20 _23	
Signature of Aut	horized Representative of Limi	ted Liability Company:	
G'	10	000	
Signature of Auth	orized Representative:	Title: Managing Member	
rimed Name. wie	naci Gasacy	Title: Marioging Member	
Signature(s) on b	ehalf of Other Business Entity:	See below for required signatur	re(s)]
Signature:	hael Cassady	mi i Mananian Manatan	 ;
Printed Name: MIC	nael Cassady \	Title: Managing Member	
Signature:			
Printed Name:		Title:	
Signature:		Title	
Printed Name			
Signature:			
Printed Name:		Title:	
C:			
Printed Name:		Title:	
Timed Hame			
Printed Name:		Title:	
If Florida Corpo	ration		
	man, Vice Chairman, Director, or	Officer.	
	icers have not been selected, an Inc		
If Florida General Signature of one C	il Partnership or Limited Liabili Fonoral Partner	ty Partnership:	-· ~ >
Signature of one C	general Farmer.		
<u>If Florida Limite</u>	d Partnership or Limited Liabili	ty Limited Partnership:	FEB
Signatures of ALI	General Partners.		B -
All al.			<u>c</u> 0
All others: Signature of an au	thorized person		A A
Signature of air au	morized person.		023 FEB -9 AMII: 35 AIT AHASSETT FIRED
Fees:			35
	f Conversion:	\$25.00	
	lorida Articles of Organization:	\$125.00	
Certified (• •	\$30.00 (Optional) \$5.00 (Optional)	
Ceruncate	e of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ame:		
	Limited Liability Compar	ny is:	
Venture Investmen		Tablities Comment I C 19 - MI I C 27	<u>, </u>
(;	Must contain the words "Limited I.	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:		
		he principal office of the Limi	ited Liability Company is:
Principal Office	Address:	Mailing Address:	
Timerpar syrine	71441 (55)		
13 Gulfport Court		6606 Nightingale Bluff La	ane
Marco Island, Flor	ida	Louisville, Kentucky	
34145		40241	
business entity with a	Company cannot serve as its own in active Florida registration.) e Florida street address of	Registered Agent. You must designate a the registered agent are:	an individual or another
	Michael Cassady	· · · · · · · · · · · · · · · · · · ·	
]	Name	
	13 Gulfport Court		
		(P.O. Box NOT acceptable)	
	Marco Island	FL ³⁴¹⁴⁵	
	City	Zip	
liability con registered ager statutes relati	npany at the place designa nt and agree to act in this c ing to the proper and comp	and to accept service of process ted in this certificate, I hereby o capacity. I further agree to complete performance of my duties, as registered agent as provided	accept the appointment as aply with the provisions of all and I am familiar with and
liability con registered ager statutes relati	npany at the place designant and agree to act in this coing to the proper and compobligations of my position of	ted in this certificate, I hereby o capacity. I further agree to com- plete performance of my duties,	accept the appointment as aply with the provisions of all and I am familiar with and

A	R	TI	C	LE	11	v-
	17		•			, -

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
MGR - Manager	Michael Cassady			
Mott Manager	13 Gulfport Court		-	
	Marco Island, Florida 34145			•
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(Use attachment if necessary)		82	•	
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CLE V. Other provisions if any				
CLE V: Other provisions, if any.				
				_
		•		

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.

Michael Cassady

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)