# L23000094118

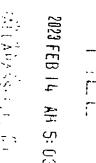
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/14/23--01004--029 \*\*150.00



D. O'KEEFE MAR - 2 2023

## COVER LETTER

TO: New Filing Sec Division of Co					•
SUBJECT: GODESK,	LLC				
	(Name of Res	ultin	g Florida Limit	ed Com	pany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corres	pondence concerning	g thi	is matter to:		
Matthew McKinney					
	(Contact Person)		<del></del>		
Allen, Dyer, Doppelt & G	ilchrist, P.A.				
	(Firm/Company)				
255 S. ORange Ave., Su	uite 1401				
-	(Address)				
Orlando, FL 32801					
(Cit	ty, State and Zip Code)				
mmckinney@allendyer.c	om				
E-mail Address: (to be	used for future annual rep	ort	notifications)		
For further information	concerning this mat	ter,	please call:		
Matt McKinney		at	(407	841-2	330
(Name of Contact	Person)	_"`	(Area Code)	(Dayt	time Telephone Number)
Enclosed is a check for dollars and drawn on a				ocess	ed by this office must be payable in US
\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I d Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address					Address:
New Filing Sec Division of Cor					iling Section on of Corporations
P.O. Box 6327	E				entre of Tallahassee
Tallahassee, FL	32314		2	2415 N	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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GODESK, LLC</li> </ol>
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is alimited 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) 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: GODESK, 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 6th day of February	20 <u>_</u> 23			
Signature of Authorized Representative of Lin	nited Liability Company:			
Signature of Authorized Representative:	la soldino			
Signature(s) on behalf of Other Business Entity:	Title: Manager			
Signature: Whe Distriction	[See nelow for required signature(s)]			
Printed Name: /John C. Distefano	Title: Manager			
Signature: Printed Name:	Title			
Signature: Printed Name:				
Signature: Printed Name:	Title:			
Signature:Printed Name:				
Signature: Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or				
If Directors or Officers have not been selected, an In-	corporator must sign.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:			
Signatures of ALL General Partners.		<u>=</u> ;	2023	
All others: Signature of an authorized person.		AT A	833	
Fees:		1587 1587 1587	<u>+</u>	-
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	स्था पृथ्य	AM 5:03	Γ , -

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	5:
GODESK, LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ADTICLE II Addison	
ARTICLE II - Address:	principal office of the Limited Liability Company is:
The maining address and street address of the p	ornicipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
340 9th Street North	Same as principal address
Suite 149	
Naples, FL 34102	
(The Limited Liability Company cannot serve as its own Regionsiness entity with an active Florida registration.)  The name and the Florida street address of the	· ·
Allen, Dyer, Doppelt & Gilche	rist, P.A.
Nam	ne
255 S. Orange Ave., Suite 14	401
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
Orlando	FL <sup>32801</sup>
City	Zip
liability company at the place designated i	to accept service of process for the above stated limite in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of a

ited 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)

2023 F	
E8 14 AM	
<b>5</b> : 05	

<u>Title:</u>	Nome 4 4 3 3	
"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	John C. Distefano	
	340 9th Street North, Suite 149	
	Naples, FL 34102	<del></del>
		<del></del>
		<del></del> -
		<del></del>
		<u> </u>
Use attachment if necessary)		<del></del>
,,		
E V: Other provisions, if any.		<u>~</u>
		<del>. حو</del> ا <del>. ا.</del>
		12.
DOUIDED COMMAND	:	
EULIRED SIGNATION.		
EQUIRED SIGNATURE:		
EQUIRED SIGNATURE:	2000	
- Amelia	M. S.	
Signature of a member or an	a authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am awar into the Department of State constitutes a third degree	.3
Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.  John C. Distefano	a authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am awar into the Department of State constitutes a third degree d or printed name of signee	73

ARTICLE IV-