L23000114184

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	¥)
, U bick-nb	☐ WAIT	MAIL
(B	usiness Entity Name	?)
(D	ocument Number)	<u>.</u>
Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



200402883572

AU AHAZSA OTO

2023 FEB 22 AMT1: CI

COVER LETTER

	ew Filing S ivision of C	ection orporations			
		•			
SUBJEC	T: 7777FLF	(Name of Res	ulting Florida Limit	ed Con	npany)
The enclo	osed Article Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizati ability Company	on, an " in a	d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please ret	urn all corr	espondence concernin	g this matter to:		
Thai Chris	stie				
-		(Contact Person)		=	
Profession	nal Taxes				
		(Firm/Company)			
425 Cros	s St. Ste. 11	3			
	<u> </u>	(Address)		-	
		·			
		City, State and Zip Code)		-	
Punta Go	ں rda, FL 3395	•			
		e used for future annual re	port notifications)	-	
			•		
For furthe	er informati	on concerning this ma	tter, please call:		
Thai Chris	stie		al (⁹⁴¹	240-	9800
(1)	lame of Conta	ict Person)	(Area Code)	(Day	9800 time Telephone Number)
Enclosed dollars ar	is a check to d drawn on	or the following amou a bank located in the	int: (All checks p United States)	roces	sed by this office must be payable in US
\$150.00 (\$25 for Co & \$125 for of Organiza	Articles	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
N D	lailing Add ew Filing S ivision of C O. Box 632	ection Corporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is aCorporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S entity, the name of the country)
01/30/2023 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: 7777FLRE LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Connot be prior to date of many dates from the file of the connot be prior to date of the connot be prior to 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.

Signatı	ure of Autho	orized Representative of Ki	nited Liabilit	v Company:
		/	10/	
Signatu	ire of Author	ized Representative:	//W/	/
Printed	Name: <u>LI</u>	мн т рнам	Title: A	ithorized Member
<u>Signatı</u>	ure(s) on beh	alf of Other Business Entity	See below f	or required signature(
	<i>f</i> i	M		
Signatu Printed	re: <u> </u>	H T PHAM	Title: D	resident
Signatu	rc:		·····	
Printed	Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signatu	re:			
Printed	Name:		Title:	
Signatu Printed	ire:		Title	
rinted	rame		rac.	<u> </u>
Signatu	re:			·
Printed	Name:		Title:	
Signatu	ıre:			
Printed <mark>If Flori</mark> Signatu	Name: ida Corporat ire of Chairm	ion: an, Vice Chairman, Director, ers have not been selected, an	Title: or Officer.	
If Flori Signatu If Direc If Flori Signatu If Flori Signatu All other	Name: ida Corporat ire of Chairm etors or Office ida General if ire of one General ida Limited I ires of ALL Cores:	ion: an, Vice Chairman, Director, ers have not been selected, an Partnership or Limited Liab neral Partner. Partnership or Limited Liab General Partners.	Title: or Officer. Incorporator m ility Partnersl	nust sign. hip:
If Flori Signatu If Direc If Flori Signatu If Flori Signatu All other	Name: ida Corporat ire of Chairm etors or Office ida General if ire of one General ida Limited I ires of ALL Cores:	ion: an, Vice Chairman, Director, ers have not been selected, an Partnership or Limited Liab neral Partner. Partnership or Limited Liab General Partners.	Title: or Officer. Incorporator m ility Partnersl	nust sign. hip:
If Flori Signatu If Direc If Flori Signatu If Flori Signatu All othe	Name: ida Corporat ire of Chairm etors or Office ida General if ire of one General ida Limited I ires of ALL Cores:	ion: an, Vice Chairman, Director, ers have not been selected, an Partnership or Limited Liab neral Partner. Partnership or Limited Liab General Partners.	Title: or Officer. Incorporator m ility Partnersl	nust sign. hip:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the	Limited Liability Compan	y is:	
7777	FLRE LLC		
(2)	dust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		ne principal office of the Limited	Liability Company is
Principal Office	Address:	Mailing Address:	
4800 Bliss Sarasota, F		4800 Bliss Rd Sarasota, FL 3423	 3
business entity with an	active Florida registration.)	ered Office, & Registered Ager legistered Agent. You must designate an in-	dividual or another
The hame and the	Florida street address of the Professional Tax	•	2023 FEB 2
	N:	ame	22
	425 Cross St. St	ie 113	· · · · · · · · · · · · · · · · · · ·
	Florida street address (I	P.O. Box NOT acceptable)	AK II: Ub
	Punta Gorda	FL 33950	- U
	City	Zip	

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..

Thai Christie
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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	
AMBR	Linh T Pham
	4800 Bliss Rd Sarasota, FL 34233
	Salasula, FL 34233
	
	-
<u></u>	
	
	-
(Use attachment if necessary)	
• •	
REQUIRED SIGNATURE:	
This document is executed in accordance to the control of the cont	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes, I am aware that document to the Department of State constitutes a third degree felongers.
LINH T PHAM	
	Typed or printed name of signee
	Filing Fees
\$125.00 Filing Fee for Articl	es of Organization and Designation of Registered Ag-
\$ 30.00 Certified Copy (Opt	tional) \$ 5.00 Certificate of Status (Optional
· (7)	
- 4	
·	
₹ <u>.</u> च	