# L23000122266

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### **COVER LETTER**

TO: New Filing Section

Division of Corporations

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: St. George Islands Suffand Tuff, LLC (Warne of Resulting Florida Limited Company)			
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.			
Please return all correspondence concerning this matter to:			
Robertk	(Contact Person)	•	
	(Firm/Company)	<del></del>	
434 W. Li	reak Cint	2	
Thomsville, GA 31792  (City. State and Zip Code)			
E-mail Address: (to be used for future annual report notifications)			
For further informati	on concerning this ma	tter, please call:	
(Name of Contact Person) at (229) 3930485 (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	Street	t Address:

**Street Address:** 

New Filing Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **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 of Conversion is St. George Island's Suffand Tuff LLC	s:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	t, etc
First organized, formed or incorporated under the laws of	
on March 16,2623 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati	on:
St. George Island's Suf and Tuff, 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 at 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.	

Signed this 17 day of MArch	<u>20 23</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: E Printed Name: Fobert K Duncaw In	Title: MGR
Signature(s) on behalf of Other Business Entity:	
Signature: ASS A Transil 3	_
Signature: Kare Harry To Printed Name: Pober K. D. Mc. W. To	Title: M G-17
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer, corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership;
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25,00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Ontional)
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

	<del></del>
37 EPine Avenue	37 E Pine Avenue,
51. Godge Island, FL 32328 _ Eastpoint, FL 32328	Eastpant, FL 32328
Eastpont, FL 32328	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:

Name

37 E. Pine Avenue

Florida street address (P.O. Box NOT acceptable)

EastPoint

St. Ceage Island FL 32328

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..

Registered Agent's Signature (REQUIRED)

•	RTICI	TT.

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	
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	43U WILLIAM MK CIMP
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MCK	Nicholas Kazemekas
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	Transsville, GA 31792
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(Use attachment if necessary)	• •
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<b>ARTICLE V:</b> Other provisions, if any.	7. <b>54</b>
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REQUIRED SIGNATURE:	

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.

Typed or printed name of signee

**Filing Fees**