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Special Instructions to	Filing Officer:	
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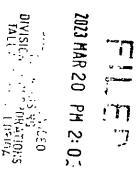
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COVER LETTER

Division of C	Corporations			
SUBJECT: Angels C	Over Head, LLC			
		sulting Florida Lim	ited Cor	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Cassie Long				
	(Contact Person)		_	
South Walton Law, P.	٩.			
	(Firm/Company)	- · · · · · · · · · · · · · · · · · · ·	-	
36468 Emerald Coast	Parkway, Unit 6101			
	(Address)	 -	_	
Destin, FL 32541				
(City, State and Zip Code)		-	
cassie@southwaltonla	w.com			
E-mail Address: (to b	oe used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Cassie Long		_at (<u>850</u>	837-	0155
(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)
	for the following amou a bank located in the		proces	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S				Filing Section
Division of C	•			ion of Corporations
P.O. Box 632	. I		ine C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: Angels Over Head, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
March 2, 2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Angels Over Head, 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.

DIZ3 MAR 20 PM 2: 1

Signed this	20 77
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: April Printed Name: Lyndsay Bastion	Tinc: Manager, Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
	Title: Manager, Member
Signature: Aprinted Name: Christopher Bastion	Title: Manager, Member
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Angels Over Head, LLC		
(Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
2078 US Hwy 98	2078 US Hwy 98	
Unit 105 #134	Unit 105 #134	
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Lyndsay Bastion	ered Agent. You must designate an indivi	
Name		
2078 US Hwy 98, Unit 105 #13	1.4	
Florida street address (P.O.		
Santa Rosa Beach	FL 32459	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign (CONTINE)	this certificate, I hereby accept ity. I further agree to comply wi performance of my duties, and I a sistered agent as provided for in ature (REQUIRED)	the appointment as ith the provisions of all am familiar with and

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Christopher Bastion
	2078 US Hwy 98, Unit 105 #134
	Santa Rosa Beach, FL 32459
AMBR	Lyndsay Bastion
	2078 US Hwy 98, Unit 105 #134
	Santa Rosa Beach, FL 32459
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Xemsey:	Bus
'	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.

Lyndsay Bastion

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)