| (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: |
| |
| |
| W2300024085 |

Office Use Only



400401652984



02/02/23--01005--003 **150.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2023

MEGHAN AMENTA 85 COUNTRY FERN DRIVE ST AUGUSTINE, FL 32092

SUBJECT: TACK ASSOCIATES, LLC

Ref. Number: W23000024085

We have received your document for TACK ASSOCIATES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 623A00004144

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Karen lovelace @dos-myflorida.com

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.

| TACK Associates |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a General Partnership (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) |
| 04/01/1996 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: Tack Associates |
| (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 th | nis <u>11</u> | day of January | | 20 <u>23</u> |
|------------------------|---|---|-------------|--|
| Signatur | e of Author | ized Representative | of Limite | d Liability Company: |
| Signature Printed N | e of Authoriz lame: Meghan | ed Representative: <u>(</u> Amenta | neg | Title: Managing Partner |
| Signatur | e(s) on beha | lf of Other Business I | Entity: [S | ee below for required signature(s)] |
| Signature Printed N | e: <u>med</u> | han Amenta | | Title: General Partner Title: Partner |
| Signature Printed N | e: ANGE Name: STA | nce Coccoran | | Title: Partner |
| | | | | |
| Signature Printed N | e: Name: | | - | Title: |
| Signatur | e: | | | |
| Printed 1 | Name: | | | Title: |
| Signatur Printed ? | e: Name: | | | _Title: |
| Signatur | -e: | | | _ Title: |
| Printed 1 | Name: | | | 1 itie: |
| Signatur If Direct | tors or Office | n, Vice Chairman, Dir rs have not been selec | ted, an Inc | corporator must sign. |
| | da General I re of one Gen | Partnership or Limite eral Partner. | ed Liabilit | v Partnersnip: |
| | | Partnership or Limite ieneral Partners. | ed Liabilit | y Limited Partnership: |
| All other | | orized person. | | |
| Fees: | | | | |
| | Articles of C Fees for Flo Certified Co Certificate of | rida Articles of Organ | nization: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|---|---|--|--|
| The name of the Limited Liability Comp | any is: | | |
| TACK Associates, LLC | d Liability Company, "L.L.C.," or "LL.C.") | | |
| (Must contain the words (Minus) | G Chabitaly Company. C.C.C. Of The. | | |
| ARTICLE II - Address: | Col. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| The mailing address and street address o | f the principal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: 85 Country Fern Drive | | |
| 85 Country Fern Drive | | | |
| 00 QQ01101 | | | |
| Saint Augustine, FL 32092 | Saint Augustine, FL 32092 | | |
| Saint Augustine, FL 32092 | Saint Augustine, FL 32092 | | |
| Saint Augustine, FL 32092 ARTICLE III - Registered Agent, Res | | | |
| Saint Augustine, FL 32092 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o | Saint Augustine, FL 32092 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | | |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) | Saint Augustine, FL 32092 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address | Saint Augustine, FL 32092 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another | | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address | Saint Augustine, FL 32092 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name | | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Meghan Amenta 85 Country Fern Drive | Saint Augustine, FL 32092 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name | | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Meghan Amenta 85 Country Fern Drive | Saint Augustine, FL 32092 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name | | |

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)

(CONTINUED)

2023 FEB 21 AM 2: SECRETARY OF S

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---------------------------|
| | |
| "MGR" = Manager MGR | Meghan Amenta |
| IVIGR | 85 Country Fern Drive |
| | Saint Augustine, FL 32092 |
| AMBR | Thomas Corcoran |
| VIMPL | 5967 Villa Loma St |
| | Las Vegas, NV 89148 |
| AMBR | Spence Corcoran |
| | 8921 Lanna Bluff Loop |
| | Austin, TX 78749 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE 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.

Meghan Amenta

ARTICLE IV-

Typed or printed name of signee

Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, TACK ASSOCIATES LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/24/2019, and is in good standing in this state.

Certificate Number: B202301243331379

You may verify this certificate online at http://www.orcses.act IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/24/2023.

> FRANCISCO V. AGUILAR Secretary of State