

L23000154228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

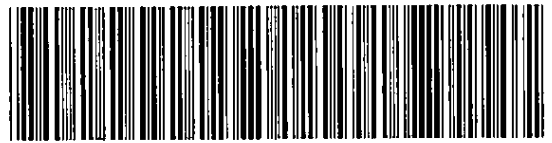
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600404132586

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2011 MAR 14 PM 4:10:16

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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:

Megan M. Dill

(Contact Person)

Five Feathers Services

(Firm/Company)

1054 Aaron Drive

(Address)

Deltona, FL 32725

(City, State and Zip Code)

Five.feathers.services@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Megan at (407) 405-3998

(Name of Contact Person) (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 ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees ☒ \$185.00 Filing Fees. (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization)

Mailing Address: Street Address:

New Filing Section New Filing Section

Division of Corporations Division of Corporations

P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
23 MAR 11 PM 7:07
SECTION 111
TALLAHASSEE, FLORIDA

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:

Five Feathers Services, Inc.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **Corporation**

(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)

on **August 28, 2014**

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Five Feathers Services 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 day of 20_ **Signature of Authorized Representative of**

Limited Liability Company:

Signature of Authorized Representative: *Megan M. Dill*
Printed Name: Title: **Megan M. Dill, President**

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: *Megan M. Dill*
Printed Name: Title: **Megan M. Dill, President**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature:
Printed Name:_Title:

Signature:
Printed Name:_Title:

Signature:
Printed Name:_Title:

Signature:
Printed Name:_Title:

Signature:
Printed Name:_Title:

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Five Feathers Services LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

is: **Principal Office Address: Mailing Address:** 1054 Aaron Drive, Deltona, FL

32725

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 Megan M. Dill

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

FL

City Zip 1054 Aaron Drive, Deltona, FL 32725

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)

ARTICLE IV

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

Title: Name and Address: Megan M. Dill AMBR

"AMBR" = Authorized Member 1054 Aaron Drive, Deltona, FL 32725

"MGR" = Manager

23 MAR 11
SECRET
TALLAHASSEE
FILE

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE: *Megan M. Dill*

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.

Megan M. Dill

Typed or printed name of signee

Filing Fees

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

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TALLAHASSEE, FLORIDA

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