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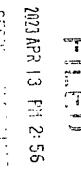
(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Eu	siness Entity Name)	
(Do	cument Number)	
Copies	Certificates o	of Status
च Instructions to Filin	ng Officer:	

Office Use Only



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S. CHATHAM
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CORPORATE ACCESS,

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	, 	
X	РНОТОСОРУ		
	CUS		
X	FILING	CONVERSION	
<u>r</u>	PHI BETA COOPE CORPORATE NAME AND D	R, LLC OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	
((CORPORATE NAME AND D	OCUMENT #)	

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: Phi Beta Cooper, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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)
03/09/2022
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:
Phi Beta Cooper, 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 12th day of April	20 23 .		
Signature of Authorized Representative			
Signature of Authorized Representative: Printed Name: <u>Karen Cooper</u>	MOC-Cy Title: Member		
	Entity: See below for required signature(s)		
•		5 0	2
Signature: ///Ci	Title: Member	ت. نب	Û23
Printed Name: Karen Cooper	Title: Member		1023 APR
Signature:		٠	
Printed Name:	Title:	~ ;	ယ
a:		1	10
Signature:	Title:	<u>;;</u>	\ddot{S}
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Signature:	Title:		
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
6'			
Signature:	Title:		
rimed Name.			
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Dire			
If Directors or Officers have not been selected	ed, an incorporator must sign.		
If Florida General Partnership or Limited	l Liability Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	l Liability Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

D4 D D 71			
Phi Beta Cooper, LI	Uset contain the words "Limited Lin	ability Company, "L.L.C.," or "LLC.")	
(1	vitist combin the words. Emined 2.14	tomey company, scales, or some,	
ARTICLE II - A The mailing addr		e principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
5601 Turtle Bay Dr.	. #402	5601 Turtle Bay Dr., #402	
Naples, FL 34108		Naples, FL 34108	
	<u>. </u>		
The name and the	155 Office Plaza Dr., Suite A Florida street address (I	Inc. lame A P.O. Box NOT acceptable)	2023 APR 13 PH 2:56
	Tallahassee City	FL 32301 Zip	

(CONTINUED)

ART	ICI	F	$\mathbf{I}V_{-}$
ARI	16.1	Æ.	1 Y -

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	Karen Cooper 5601 Turtle Bay Dr., #402 Naples, FL 34108
	
	2023 APR 13
(Use attachment if necessary)	PH 2: 56
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Karen Cooper, Member	

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)