L23000 189267

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2023 APR 17 PH 3: 33

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ADAM WIGGETT LLC	
Please Debit I20000000257 For: 185	
Thank you Seth Neeley	
Stof	Art of Inc. File
<i>y</i>	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC 11 Search
- ···-	UCC II Retrieval

COVER LETTER

Division of (Corporations				
SUBJECT: ADAMA	WIGGETT LLC				
JODGECT.	(Name of Re	sulting Florida L	imited Co	препу)	
				nd fees are submitted to accordance with s. 605.	
Please return all con	respondence concernia	ng this matter t	. 0:		
Richard Bruehl, Esq.					<i>S</i> €
	(Contact Person)				<u> </u>
Waggoner and Bruehi	, P.A.				SEC.
	(Firm/Company)				
5400 Pine Island Roa	d STE D				_
	(Address)				
Bokeelia, FL 33922					ني ن
	City, State and Zip Code)	<u>-</u>			زي: ت ت
richard@wblegailaw.c	om				
E-mail Address: (to b	se used for future annual re	port notification	<u>. </u>		
For further informati	on concerning this ma	tter, please cal	11:		
Richard Bruehl, Esq.		at (²³⁹	\283-	1076	
(Name of Conta	et Person)	(Area Co	de) (Day	ytime Telephone Number)	_
Enclosed is a check to dollars and drawn on	or the following amou a bank located in the	int: (All check United States)	s 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 Fill and Certified (-	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Adde New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suithassee, FL 32303	e 810

INHS11 (7/17)

TO: New Filing Section

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

MPR 17 PH 3:

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: ADAM WIGGETT LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
02/28/2018 on
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: ADAM WIGGETT 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.

Nu tha			
Signed this 14 to day of April	20 2 5		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative:	Title: Managing Member		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	69	ŗ
Signature: Olim Waggett Printed Name: Adam Waggett	Title: Managing Nember	- <u> </u>	5
Signature: Printed Name:			-
Signature: Printed Name:	_Tide:		::
Signature:Printed Name:	_ Tide:		ر
Signature:Printed Name:	Title:		
Signature:Printed Name:	_ Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty 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:				
	ted Liability Company	is:		
ADAM WIGGETT LLC	on tain the words "Limited Lie	bility Company, "L.L.C.," or "LLC.")		
(only company, makes a many		
ARTICLE II - Addn		e e e e e e e e e e e e e e e e e e e	Titlia C	:
The mailing address a	nd street address of the	principal office of the Limited	Lustinity Comp	any is:
Principal Office Add	lress:	Mailing Address:		
7381 Pinehurst Road		7381 Pinehurst Road -		202
Bokeelia, FL 33922		Bokeelia, FL 33922		023 APR 17
(The Limited Lisbility Comp business entity with an activ The name and the Flor	may cannot acrive as its own Re	red Office, & Registered Agen gistered Agent. You must designate as inc ne registered agent are:		PH 3: 33
	Na	me		
73	81 Pinehurst Road			
F	lorida street address (P	O. Box NOT acceptable)		
Bol	keelia	FL 33922		
	City	Zip		
liability company registered agent and statutes relating to t	at the place designated agree to act in this cap the proper and completions of my position as	I to accept service of process for in this certificate, I hereby acceptacity. I further agree to comply the performance of my duties, and registered agent as provided for MAL	pt the appointm with the provision I I am familiar w	ent as ons of all rith and

(CONTINUED)

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representative of a member
103 (1) (b), Florida Statutes. I am aware that nent of State constitutes a third degree felony
2

COVER LETTER

WIGGETT LLC			
	esulting Florida Lin	ited Company)	
to a "Florida Limited I	Liability Compan	y" in accordance with s.	
nepulation colorina	ng ans marker w.		
(Contact Person)		_	
H, P.A.			თ ~
(Firm/Company)		_	45 63
ad STE D			. AP
(Address)		_	2023 APR 17 PH SECKA AND AND A
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(City, State and Zip Code)		-	
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be used for future annual p	eport notifications)	_	ံ ယ
			<i>ι</i> :
	239	,283-1076	
tant Person)	BI () (Daytime Telephone Num	ber)
for the following amount a bank located in the	unt: (All checks		
□\$155.00 Filing Fees and Certificate of Status		·	t
Section Corporations		Street Address: New Filing Section Division of Corporation	
	(Contact Person) (Contact Person) (Contact Person) (Address) (City, State and Zip Code) (Coty, State and Zip Code) (com be used for future annual retion concerning this matter Person) for the following amount a bank located in the	(Corporations WIGGETT LLC (Name of Resulting Florida Limiteles of Conversion, Articles of Organization a "Florida Limited Liability Companization and Errespondence concerning this matter to: (Contact Person) (Contact Person) (Address) (City, State and Zip Code) (Cotty, State and Zip Code) (Companization and Individual States) (City, State and Zip Code) (City, State and Zip Code) (Composition concerning this matter, please call: at (239 (Area Code for the following amount: (All checks) and Certificate of states (All checks) (Area Code states) (Area Code states)	(Name of Resulting Florida Limited Company) Cles of Conversion, Articles of Organization, and fees are submitted a "Florida Limited Liability Company" in accordance with s. Trespondence concerning this matter to: (Contact Person) Int. P.A. (Firms/Company) and STE D (Address) (City, State and Zip Code) com be used for future annual report notifications) tion concerning this matter, please call: at (239) 283-1076 date Person) (Area Code) (Daytime Telephone Num for the following amount: (All checks processed by this office of a bank located in the United States) [\$155.00 Filing Fees

INHS11 (7/17)