La3000249117

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(61), 610 (62), 710 (62)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
10/11
W 2 3 0000 18 13 1
03/07



800400171988

01/23/23--01028--021 **150.00

1-11-1-1) 2021IAR -1 FH 2: 02



February 10, 2023

KENNETH NOTTURNO 11722 QUAIL VILLAGE WAY NAPLES, FL 34119-8909 US

SUBJECT: HARP SEQUOYAH LLC

Ref. Number: W23000018131

We have received your document for and your check(s) totaling \$150.00.2 However, the enclosed document has not been filed and is being returned for the following correction(s):

 \sim

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.

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

Letter Number: 723A00003244

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Cor			
SUBJECT: HA	YRP SEQUOY (Name of Resu	AH LLC ulting Florida Limited	Company)
		-	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	this matter to:	
KENNETH	(Contact Person)	30	
	(Firm/Company)		
11722 0	QUAIL VILLAGE (Address)	E WAY	
NRPLES (City	FL 34119 - y, State and Zip Code)	-8909	
	NO & HARPDEL used for future annual rep		
For further information	concerning this mat	ter, please call:	
(Name of Contact	VOTTURNO Person)	at (<u>239</u>) (Area Code) (789 - 4296 Daytime Telephone Number)
Enclosed is a check for dollars and drawn on a	•	•	essed by this office must be payable in US
-	J\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	S S 185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address New Filing Sect Division of Corp P.O. Box 6327	tion	Ne Div	reet Address: w Filing Section vision of Corporations e Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

2023 HAR -1 PH 2: 02

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:
HARP SEQUOYAH LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited limited partnership. Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on August 30, 2022 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HARR SEQUOYAH LLC (Enter Name of Florida Limited Liability Company)
(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 18th day of Travery	20 <u>23</u>	
Signature of Authorized Representative of Lin		
Signature of Authorized Representative: Printed Name: <u>VENNETH</u> NOTTURKS	Title: PEGISTREO AGENT +	MANAGER'S AUTHORIZED REPRESENTAT
Signature(s) on behalf of Other Business Entity:	[See below for required signature	re(s)
Signature: Printed Name: Ay: HARRE	Title: MAN REFE	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I		2023 HAR 5()
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:	
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	7 2:02 57:35
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 Comp	any is:	
HARP SEQUUYAH (Must contain the words "Vin	LLC nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5400 TICE STREET	STME AS PRINCIPAL	OFFICE
FORT MYERS, F1339	05	
, , , , , , , , , , , , , , , , , , ,		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as in business entity with an active Florida registration	istered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another i.)	1231
The name and the Florida street address	of the registered agent are:	AAR
KENN	Name Name	
	Name	=======================================
11722 Florida stre	eet address (P.O. Box NOT acceptable)	PH 2: 02
NAPLE	<u>S FL 34119</u> City Zip	
	,	

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	A . So H . O . O . =	
<u>Mar</u>	Amir HARPAZ,	<u> </u>
	5400 TICE STREET	
	FORT MYFAS, FL33905	
MGR	AY: HARPAZ	
	5400 TICE STREET	- 22 2
	FORT MYERS, FL 33905	2023 HAR 51
	,	HAR-
		(2: 02 (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		
		_
		
(Use attachment if necessary)	4	
	n the date of filing:) みんいがり ひしんひんろ (OPTI	ONAL)
TICLE V: Effective date, if other than n effective date is listed, the date mu.	st be specific and cannot be more than five business day	ys prior to or 90 calenda
TICLE V: Effective date, if other than n effective date is listed, the date must after the date of filing.)	st be specific and cannot be more than five business day	ys prior to or 90 calenda
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n effective date is listed, the date mu after the date of filing.)	st be specific and cannot be more than five business day	ys prior to or 90 calenda
after the date of filing.) FICLE VI: Other provisions, if any.	st be specific and cannot be more than five business day	
n effective date is listed, the date mu after the date of filing.)	Signature of a member or an authorized representative	
DUIRED SIGNATURE: accordance with section 605.0205 (3), Floridat the facts stated herein are true. I am aware	st be specific and cannot be more than five business day	under the penaltics of perjury

ARTICLE IV-

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)