# 123000264557

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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#### **COVER LETTER**

TO:	New Filing Se Division of Co						
SUR		ace Hideaway LLC					
300	DECT		ulting Florida Lin	ited Cor	npany)		
					nd fees are submitted to cor occordance with s. 605.104:		"Other
Pleas	e return all corre	spondence concerning	g this matter to				
Jessa	ame Jensen						
		(Contact Person)		_			
Нарр	y Place Hideaway	LLC					
		(Firm/Company)		_			
678 E	E. Union Garden C	Ct.					
		(Address)					
Midva	ale, UT 84047						
	((	City, State and Zip Code)					
happ	yplacehideawayflo	@gmail.com					
E-	mail Address: (to b	e used for future annual re	port notifications)				
For f	urther information	on concerning this ma	tter, please call	• •			
Jessa	ame Jensen		at (435	<sub>)</sub> 881-	4410		
	(Name of Conta	ct Person)	(Area Cod	e) (Da	ytime Telephone Number)		
		or the following amou a bank located in the		proces	sed by this office must be p	oayable i	in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	TALLA SECRET	: בכחכ
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The 0	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303	18 X 84 X	

## **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Control Tree Rental LLC	onversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or	business trust, etc.
First organized, formed or incorporated under the laws of	the country)
August 2, 2012	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	Organization:
Happy Place Hideaway 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 calent 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 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 right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	s the amount to
CENTER AND SECTION OF	-;< -;

Signed this 25 day of May	20_23	
Signature of Authorized Representative of Li	imited Liability Company:	
Signature of Authorized Representative: Printed Name: Jessame Jensen	Title: Member	
Signature(s) on behalf of Other Business Entity	<u>y:</u> {See below for required signatu	re(s)]
Signature:	Title: Member	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	i Incorporator must sign.	
If Florida General Partnership or Limited Liab Signature of one General Partner.	bility Partnership:	
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Happy Place Hideaway LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limi	ted Liability Company is:
p.	merpar office of the Limi	ted Elability Company is.
Principal Office Address:	Mailing Address:	
3866 Lana Ave	678 E. Union Garden Ct.	
Davenport, FL 33897	Midvale, UT 84047	<del></del>
	<u></u>	<del></del>
ARTICLE III - Registered Agent, Registered	Office, & Registered A	gent's Signature:
The Limited Liability Company cannot serve as its own Regist- business entity with an active Florida registration.)	ered Agent. You must designate a	in individual or another
The name and the Florida street address of the re	existered exent ever	
the hame and the Florida street address of the h	egistered agent are:	
Registered Agents Inc		
Name		
7901 4th St N, STE 300		
Florida street address (P.O.	Box NOT acceptable)	
·	<del></del> · · ·	
St. Petersburg	FL <sup>33702</sup>	
City	Zip	
Having been named as registered agent and to	aggent comice of mesons	Constanting the second of the second
Having been named as registered agent and to liability company at the place designated in	this certificate. I hereby a	for the above stated timited accept the appointment as
registered agent and agree to act in this capaci	ty. I further agree to com	ply with the provisions of all
<ul> <li>statutes relating to the proper and complete p</li> </ul>	erformance of my duties, (	and I am familiar with and
accept the obligations of my position as reg	istered agent as provided	for in Chapter 605, F.S.,
	A.	
Javia Lober	15	
Registered Agont's Sign	ature (REQUIRED)	-
	, , ,	
		70 P
(CONTINI	UED)	

#### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Jessame Jensen
ANDIT	678 E. Union Garden Ct.
	Midvale, UT 84047
	MICVARY, OT 04047
AMBR	Marcus Jensen
	678 E. Union Garden Ct.
	Midvale, UT 84047
AMBR	John Petersen
- M.D.I.	455 E. 125 N.
	Providence, UT 84332
	TOTAL OF GROOM
AMBR	Jan Petersen
	455 E. 125 N.
	Providence, UT 84332
(Use attachment if necessary)  LE V: Other provisions, if any.	
` <b>,</b>	
` <b>,</b>	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree to
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree
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Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.  Jesson	e with section 605.0203 (1) (b), Florida Statutes. I am award unsent to the Department of State constitutes a third degree by the second of State