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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(December Mental)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07/11/23

NAME: STEPHANIE FISHER TRAVEL LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Sephanie Fisher Travel, LLC
<u> </u>	(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.)
Fir	st organized, formed or incorporated under the laws of
	(Effect state, of it a fion-0.5. effictly, the fiathe of the country)
on	January 22, 2015
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ste	ephanie Fisher Travel, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument'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. 1	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.

STANDARY OF STATE

DocuSign Envelope ID: 151EE59A-A55E-4EA8-A93B-9484328049C1 Signed this day of $\frac{7}{11}/2023$ 20 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative Printed Name: Matthew Fisher Title: Member Signature(s) on hehalf of Other Business Entity: [See below for required signature(s)] Signature: | Printed Name: Matthew Fisher Title: Member Printed Name: Title: Signature: Printed Name:_______Title: __ Title: ____ Printed Name: 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	y is:	
Stephanie Fisher Travel, LLC		
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
31 Ocean Reef Drive	31 Ocean Reef Drive	
Suite A-30-1	Suite A-30-1	
Key Largo, FL 33037	Key Largo, FL 33037	
The name and the Florida street address of the	5	
Florida Filing & Search Se	••	
N	ame	
155 Office Plaza Drive		
Florida street address (P.O. Box NOT acceptable)	
Tallahassee	FL ³²³⁰¹	
City	Zip	
	ed in this certificate, I hereby accept pacity. I further agree to comply vete performance of my duties, and	ot the appointment as vith the provisions of all I am familiar with and
		YOF ST

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Stephanie Fisher
	31 Ocean Reef Drive, Suite A-30-1
	Key Largo, FL 33037
MGR	Matthew Fisher
	31 Ocean Reef Drive, Suite A-30-1
	Key Largo, FL 33037
	-
(Use attachment if necessary)	
•	
CLE V: Other provisions, if any.	
<u> </u>	
REOURED SIGNATURE:	

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.

Matthew Fisher

Typed or printed name of signee

Filing Fees

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