# L23000327772

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

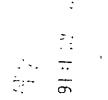
Office Use Only



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4/21/23





April 17, 2023

KRISTINA HUDSON, ESQ 3030 STARKEY BLVD STE 100 TRINITY, FL 34655 US

SUBJECT: TROPICANA CLEARWATER LLC

Ref. Number: W23000055228

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Letter Number: 723A00008545

KAIN COSTELLO Regulatory Specialist II New Filing Section

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#### **COVER LETTER**

TO:	New Filing S Division of C				
SHR	IFCT: Tropicar	na Clearwater LLC			
300	n.c1		sulting Florida Lir	nited Cor	mpany)
			~		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all corr	respondence concernin	g this matter to	:	
Kristir	na Hudson, Esq.				
	_	(Contact Person)		<del></del>	
Booth	& Cook PA				
	,	(Firm/Company)			
3030	Starkey Blvd Sui	te 100			
		(Address)		<del></del>	
Trinity	/. FL 34655				
	(1	City, State and Zip Code)		<del></del>	
kris@	boothcook.com				
E-1	mail Address: (to b	oe used for future annual re	port notifications)	<del></del>	
For fi	urther informati	on concerning this ma	tter, please call	:	
Kristir	na Hudson		_at (	842-	9105
	(Name of Cont:	net Person)		e) (Day	ytime Telephone Number)
		for the following amou a bank located in the		proces.	sed by this office must be payable in US
(\$25 fo & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filir and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				t Address:
<del>-</del>					Filing Section ion of Corporations
	P.O. Box 632	•			Centre of Tallahassee
	Tallahassee, I				N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **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 Conversion is: Tropicana-Clearwater, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
4/15/1997 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
Tropicana Clearwater LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  3/31/2023
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afto
the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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 t which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

### ARTICLE IV-

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

- "AMBRE = Authorized Member	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Carl A. Minieri
	36370 U.S. HWY 19 N
	PALM HARBOR, FL 34684
MGR	Marianne Malave
	36370 U.S. HWY 19 N
	PALM HARBOR, FL 34684
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	2 A
	2 Minue
REQUIRED SIGNATURE:	Minu
REQUIRED SIGNATURE:  Signature of a member This document is executed in accord	
Signature of a member This document is executed in accordany false information submitted in a conductive of the conducti	r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes. I am aware the document to the Department of State constitutes a third degree felo CARL MINIERI  Typed or printed name of signee

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tropicana Clearwater LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "E.L.C.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company
The maning address and sireer address	s of the principal office of the Entired Elatinity Company
Deimainal Office Address.	Mailing Address:
Principal Office Address:	riannig riddi coo.
	36370 U.S. HWY 19 N
Principal Office Address:  36370 U.S. HWY 19 N PALM HARBOR, FL 34684	

The name and the Florida street address of the registered agent are:

Carl Minieri	
Na	me
36370 U.S. HWY 19 N	
Florida street address (P	O. Box NOT acceptable)
Palm Harbor	FL 34684
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)

Signed this A day of Parch	20 <u></u>					
Signature of Authorized Representative of Limited Liability Company:						
Signature of Authorized Representative: Marianne Malave	_ Title: Manager					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]						
Signature: all Myss	ville .					
Signature:  Printed Name: Carl Minieri  Signature:  Alaua Agalase  Printed Name: MARIANNE MALANE	Title: President					
Printed Name: MARIANNE MALAVE	Title: VICE PRESIDENT					
Signature:						
Printed Name:	Title:					
Signature:						
Printed Name:	Title:					
Signature:						
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)					