L23000327822

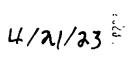
(Requestor's Name)	-
(Address)	•
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Pertified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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April 17, 2023

KRISTINA HUDSON, ESQ. BOOTH & COOK PA 3030 STARKEY BLVD SUITE 100 TRINITY, FL 34655

SUBJECT: TROPICANA BELCHER LLC

Ref. Number: W23000055157

We have received your document for TROPICANA BELCHER LLC 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 623A00008526

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Tropicar	na Belcher LLC				
		ulting	g Florida Limit	ed Con	npany)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corn	espondence concernin	g thi	s matter to:		
Kristina Hudson, Esq.					
	(Contact Person)			-	
Booth & Cook PA					
	(Firm/Company)			-	
3030 Starkey Blvd Su	ite 100				
	(Address)			•	
Trinity, FL 34655					
	City, State and Zip Code)	-		•	
kris@boothcook.com					
E-mail Address: (to I	oe used for future annual re	port n	otifications)		
For further informat	on concerning this ma	tter.	please call:		
Kristina Hudson		ati	,727	842-9	105
(Name of Cont	act Person)		(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		•	rocess	ed 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 Filing Certified Cop		□S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add					Address:
New Filing S Division of C					Filing Section on of Corporations
P.O. Box 632	-				entre of Talfahassee
Tallahassee,	FL 32314				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-Belcher, 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, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
4/30/1997 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Tropicana Belcher 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.)
<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 to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

20,23 Signed this \mathcal{A} day of Signature of Authorized Representative of Dimited Liability Company: Signature of Authorized Representative: Munical Printed Name: Marianne Malave Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name; Çarl Minieri Title: President Signature: Marian Title: UKE PRESIDENT Printed Name: MARIANCE MALANE Signature: Printed Name:________ Title: _______ Signature: Printed Name: ______ Title: _____ 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

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	/ 18:	
Tropicana Belcher LLC		
(Must contain the words "Limited Lic	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
36370 U.S. HWY 19 N	36370 U.S. HWY 19 N	
PALM HARBOR, FL 34684	PALM HARBOR, FL 34684	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R		
business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	
Carl Minieri		
N	ame	
36370 U.S. HWY 19 N		
Florida street address (I	P.O. Box NOT acceptable)	
Palm Harbor	FL ³⁴⁶⁸⁴	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate. I hereby acceptacity. I further agree to comply etc performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
Registered Agent's S	Signature (REQUIRED)	자 원 23
(CONT	TINUED)	~

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
•	
NAZ LJ	
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
	FALM HANDON, FE 34004
	-
	-
(Use attachment if necessary)	
	· · · · · · · · · · · · · · · · · · ·
Carl	~ · ·
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
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