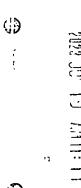
# Ld3000340386

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

Office Use Only



500412336645



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Thome. 030 330 1300	
ACCOUNT NO. : I2000000195	
REFERENCE : 870812 8420732	
AUTHORIZATION :	
COST LIMIT : \$ 180.0	_
ORDER DATE : July 13, 2023	
ORDER TIME : 9:39 AM	
ORDER NO. : 870812-005	
CUSTOMER NO: 8420732	
DOMESTIC AMENDMENT FILING	
NAME: ARCHER AND ASHFORD LLC	
EFFECTIVE DATE:	
_XX ARTICLES OF CONVERSION RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
_XXX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Eyliena Baker EXT#	

EXAMINER'S INITIALS:

#### **COVER LETTER**

TO:	New Filing S Division of C				
	A sale a s	•			
SUB	JECT: Archer a	and Ashford LLC	lain - Florido I in ia	10	
		(Name of Res	sulting Florida Limit	ea Con	npany)
The e Busin	nclosed Article less Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organization	on, an "in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Elizat	eth Davis				
		(Contact Person)	<del> </del>		
Arche	r and Ashford LL	.C			
		(Firm/Company)			
2801	Fruitville Road S	uite 145			
		(Address)	·		
Saras	ota, FL 34237				
	(4	City, State and Zip Code)			
steve(	@archerandashf	ord.com			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Steve	Davis		_at ( <sup>941</sup>	780-6	3500
	(Name of Conta	ect Person)	(Area Code)	(Day	time Telephone Number)
Enclo doliar	sed is a check f s and drawn on	for the following amou a bank located in the	int: (All checks pi United States)	ocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing St Division of C P.O. Box 632	ection orporations	•	New F Divisi	Address: Filing Section on of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Archer and Ashford LLC
(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.
First organized, formed or incorporated under the laws of
May 12, 2017 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Archer and Ashford 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.)  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 11th day of July	20 <u>23</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Australia d Danier d	11/
Signature of Authorized Representative:	<u> </u>
Printed Name: Elizabeth Davis	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Ciamatium	
Printed Name: Elizabeth Davis	Title: Owner / managar
Signature:	
Printed Name:	Title
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cianatura	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Office-
If Directors or Officers have not been selected, an In	Officel.
in a motion of officers have not been selected, an in	corporator must sign.
If Florida General Partnership or Limited Liabili	tv Partnershin:
Signature of one General Partner.	ty Tarthelightp:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	£25.00
	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (O. H)
Certificate of Status:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2023 J. 17 (1812: 07)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	3; 
Archer and Ashford LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
· == - <del></del>	principal office of the Limited Liability Company is:
	the state of the Santed Blacking Company is.
Principal Office Address:	Mailing Address:
2801 Fruitville Road	2801 Fruitville Road
Suite 145	Suite 145
Sarasota, FL 34237	Sarasota, FL 34237
The name and the Florida street address of the CORPORATION SERVI	
Nam	e
1201 HAYS STREET	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
TALLAHASSEE	FL 32301
City	Zip
registered agent and agree to act in this capac statutes relating to the proper and complete t	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Elizabeth Davis
	2801 Fruitville Road Suite 145
	Sarasota, FL 34237
MGR	Stephen Davis
	2801 Fruitville Road Suite 145
	Sarasota, FL 34237
AMBR	Sarah Garza
·	2801 Fruitville Road Suite 145
	Sarasota, FL 34237
· · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)	

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

REQUIRED SIGNATURE:

as provided for in s.817.155, F.S.

Sarah Garza

Typed or printed name of signee

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)