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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
		<u> </u>
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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2023 JUL 24 PH 3: 28

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Mike Chabot LLC		
(Name of Res	sulting Florida Limi	ted Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organizat iability Compan	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
Mikael Chabot		_
(Contact Person)		
Mike chabot LLC		
(Firm/Company)		-
3594 NW 82nd Dr		
(Address)		-
Pembroke Pines, FL, 33024		
(City, State and Zip Code)		-
mikechabotwebsite@gmail.com		
E-mail Address: (to be used for future annual re	port notifications)	•
For further information concerning this ma	itter, please call:	
Mikael chabot	at (<u>818</u>	,629-8500
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		processed 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 and Certified Co	Fees S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



May 17, 2023

MIKAEL CHABOT 3594 NW 82ND DR PEMBROKE PINES, FL 33024

SUBJECT: MIKE CHABOT LLC Ref. Number: W23000017036

We have received your document for MIKE CHABOT LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the highlighted sections in the returned Articles of Conversion and Articles of Organization. Signatures are missing.

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 LO'KEEFE Regulatory Specialist II

www.sunbiz.org

Letter Number: 523A00003032

SECRETARY OF STATE FALLAHASSEE, FLORID:

Articles of Conversion For

2023 JUL 24 PM 3: 28 --

"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.

Mikael Chabot LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
08/11/2020 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:
Mike Chabot 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.

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 03 day of march	_ 20 <u>_ 23</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Mikael Chabot	Title: CEO
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
W. L. L.	v.
Signature: Hulf A. Printed Name: Mikail (habet)	Title: CEO
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
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 In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
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
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 is:	
Mike Chabot LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3594 NW 82nd Dr, Pembroke Pines	3594 NW 82nd Dr, Pembroke Pines
33024, FL, USA	33024, FL, USA
	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Road to abun Name	ered Agent. You must designate an individual or another egistered agent are:
3594 NW 82nd Dr	
Florida street address (P.O.	 •
Pembroke Pines	FL ³³⁰²⁴ Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited 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 istered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

'AMBR" = Authorized Member	
'MGR" = Manager	Milea Chahat
Manager	Mikael Chabot 3594 NW 82nd Dr, Pembroke Pines
	33024 FL USA
	330241 E 00A
 	
Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	2 1
<u>./</u>	
the state of the s	with in the
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
any false information submitted in a docu	iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	
as provided for in s.817.155, F.S. Mikael Chabot	
as provided for in s.817.155, F.S. Mikael Chabot	yped or printed name of signee Filing Fees