

L23000386319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

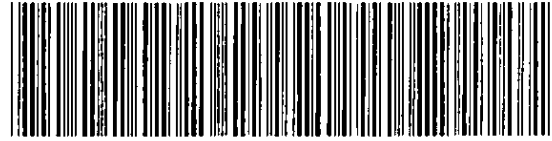
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/31/23--01023--020 **185.00

2023 JUL 31 8:26
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STATE OF MISSISSIPPI
SECRETARY OF REVENUE

Handwritten signature

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Monaco Tuscany Group LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Michael L. Bailey
(Contact Person)

Monaco Tuscany Group LLC
(Firm/Company)

1115 W Garden St
(Address)

Plant City, Florida 33563
(City, State and Zip Code)

LLC@MonacoTuscany.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

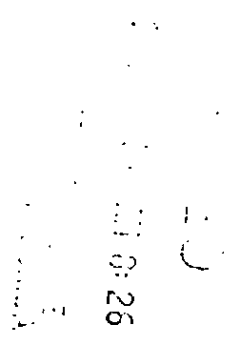
Michael L Bailey at (425) 241-2900
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 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



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:
Monaco Tuscany Group LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC, limited liability partnership
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Washington
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/1/1999
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Monaco Tuscany Group 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.

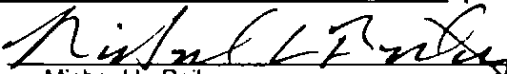
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.


Signed this 1 day of May 2023.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Michael L. Bailey Title: President & CEO

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Michael L. Bailey Title: Chairman, President & CEO

Signature: 
Printed Name: Judy Y. Ibar Title: Vice Chairman & General Partner

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
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:

Monaco Tuscany Group LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1115 W Garden St

1115 W Garden St

Plant City, FL 33563

Plant City, FL 33563

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MICHAEL L. BAILEY
Name

1115 W. GARDEN ST.
Florida street address (P.O. Box **NOT** acceptable)

PLANT CITY FL 33563
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..

Michael L. Bailey
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael L. Bailey

1115 W Garden St.

Plant City, FL 33563

*ARTICLE V (provisio

Judy V. Ilar

94-1208 Kahuanui St

Waipahu, HI 96797

(Use attachment if necessary)

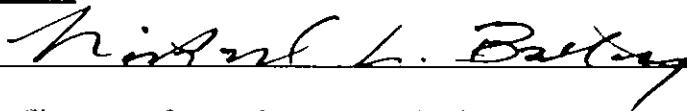
ARTICLE V: Other provisions, if any.

In the event of death, or severe incapacitation of Michael L. Bailey "AMBR" Authorized Member to

Manage shall transfer to Judy V. Ilar

Contact: Judy@ilar.homes Tel: (808)445-3228

REQUIRED 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.

Michael L. Bailey

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)

Florida DRIVER LICENSE

B400-552-64-089-0

BAILEY, MICHAEL LOUIS
 1115 W GARDEN ST
 PLANT CITY, FL 33563

DOB: 03/09/1964 SEX: M
 EXP: 03/09/2032 HGT: 5'10"
 HAIR: BLK EYES: NONE

SAFE DRIVER
 EXP: 04/12/2023

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Proof of Residence

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD STATE FARM

POLICY NUMBER: L37 1964-D08-59 4
 CO. NUMBER: 09785
 EFFECTIVE DATE: APR 08 2023

PERSONAL INJURY PROTECTION | PROPERTY DAMAGE | BODILY INJURY

NAMED INSURED: BAILEY, MICHAEL
 MUTL VOL

COVERAGES: A P10 C D500 G500 H R1 U3
 YR MAKE VEHICLE IDENTIFICATION NUMBER
 2020 AUDI WAUGMAF47LN010466
 AGENT DAVID VARGAS
 PHONE (727)564-9599 NAIC 25178

The coverage provided by the policy meets the

ONEIDA NATION IDENTIFICATION CARD

Issued: 4/4/2023
 Expiration: 3/8/2033
 Roll No: 184

MICHAEL L BAILEY
 1115 W GARDEN ST
 PLANT CITY, FL 33563
 DOB: 3/9/1964

HT: 5' 10" WT: 220 HAIR: BLK EYES: BRO SEX: M