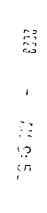
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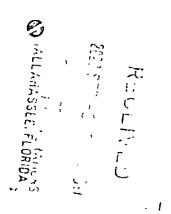
	(Requestor's Name)	
1	(Address)	·
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	(City/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
_		_
•	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status
		
Special Instructions to	Filing Officer:	
<u> </u>		
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Account#: I20000000088

Date:_	09/06/2023		
Name:	Merritt		
Refere	nce #: 2115 :	358	
Entity N	Name: UNIC	UE PLANT	S AND PALMS, INC.
	Articles of Incorporation		
	Amendment		
	Change of Agent		
	Reinstatement		
V	Conversion		
<u> </u>	Merger		
	Dissolution/Withdrawal		
	Fictitious Name		
(Other CE	ERTIFIED COPY	OF THE FILING EVIDENCE
Authori	zed Amount:	\$180	
Signatu	ure:	mw_	

F: 800.944.6607

F: •852.2682.9790



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Account#: I20000000088

Date:	09/06/2023	
	Merritt	_
	2115358	<u></u>
	UNIQUE PLAN	ITS AND PALMS, INC.
✓ Article	es of Incorporation/Authorizatio	n to Transact Business
Amen	dment	
Chan	ge of Agent	
☐ Reins	tatement	
√ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
✓ Other	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized A	.mount: \$180	
Signature: _	mw	

F: 800.944,6607

F: +852.2682.9790

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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Unique Plants and Palms, Inc. (P09000044304)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
ri e
First organized, formed or incorporated under the laws of [FL] (Enter state, or if a non-U.S. entity, the name of the country)
·
May 19, 2009
May 19, 2009 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Unique Plants and Palms, 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.
5. 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.
67

Signed this 14th day of August	20_23
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Danny Stump	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Car	
Printed Name: Danny Stump	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.55
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili	-
Signature of one General Partner.	ty rattierstrp.
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	cy Dianica varthership.
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Ontional)
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
Unique Plants and Palms, LLC	
(Must contain the words "Limited L	arbility Company, "L. I. C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14011 Philips Highway	14011 Philips Highway
Jacksonville, Florida 32256	Jacksonville, Florida 32256
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Danny Stump 14011 Philips Highway	Sur Sup O
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Jacksonville	FI. ³²²⁵⁶
City	Zip
Having been named as registered agent o	und to accept service of process for the above stated lunite

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)

ARTICLE IV-

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

Name and Address:
Danny Stump 14011 Phil ps Highway Jacksonville, Florida 32256
· · · · · · · · · · · · · ·

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 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.

Danny Stump, as Authorized Representative

Typed or printed name of signee

Filing Fces

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

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