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| (Requestor's Name)                      |
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| (Address)                               |
| (Address)                               |
| (0)-10-1 (7) (0)-1-1                    |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Essences Entity Herrey                 |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

June 26, 2023

MARY SCOTT M. HALL ENTERPRISES, LLC 523 BEACHWALK CIRCLE NAPLES, FL 34108 US

SUBJECT: M. HALL ENTERPRISES, LLC

Ref. Number: W23000088952

We have received your document for M. HALL ENTERPRISES, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature(s) on behalf of Other Business Entity is 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.

Dil Sultana Regulatory Specialist II

7923 COE C 4 - #117

Letter Number: 223A00014397

### COVER LETTER

| то:  | New Filing So<br>Division of C                                     |   |                                       |   |  |                      |
|--|--|---|---------------------------------------|---|--|----------------------|
| SUB.   | JECT: M. Hall E  | interprises, LLC                                      |                                       |   |  |                      |
|  |  |   | sulting Florida Limi                  | ted Con   | npany)   | <del></del>          |
|  |  | s of Conversion, Artic<br>a "Florida Limited L        | -                                     |   |  |                      |
| Pleas  | e return all corre   | espondence concernin                                  | g this matter to:                     |   |  |                      |
| Mary   | Scott  |   |                                       |   |  |                      |
|  |  | (Contact Person)                                      |                                       | _   |  |                      |
| М. На<br>———   | II Enterprises, LL   |   |                                       | _   |  |                      |
|  |  | (Firm/Company)  |                                       |   |  | 13                   |
| 523 B  | eachwalk Circle  |   |                                       | _   |  | 型 這                  |
|  |  | (Address)   |                                       |   |  |                      |
| Naple  | s, FL 34108  |   |                                       |   |  | 23 JUL 24 PP 12: 52  |
|  | ((   | City, State and Zip Code)                             |                                       | _   |  | 5                    |
| maryh  | nallscott@gmai.co  | om  |                                       | _   |  | · 5                  |
| E-r  | nail Address: (to b  | e used for future annual re                           | port notifications)                   |   |  |                      |
| For fi   | arther information   | on concerning this ma                                 | tter, please call:                    |   |  |                      |
| Mary   | Scott  |   | at ( <sup>608</sup>                   | <sub>1</sub> 436-2  | 2245   |                      |
|  | (Name of Conta   | ct Person)  |                                       | ) (Day  | time Telephone Numbe   | er)                  |
|  |  | or the following amou<br>a bank located in the        |                                       | rocess  | sed by this office mu  | ust be payable in US |
| (\$25 fc<br>& \$12:  | 60.00 Filing Fees<br>or Conversion<br>5 for Articles<br>anization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing<br>and Certified Cop |   | ■\$185.00 Filing Fee<br>Certified Copy, and<br>Certificate of Status | ·s.                  |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |   | New I<br>Divisi<br>The C              | t Address:<br>Filing Section<br>ion of Corporations<br>Centre of Tallahassed<br>N. Monroe Street, S |  |                      |

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 AM. Hall Enterprises, LLC   | articles of Conversion is:   |
|---|--|
| (Enter Name of Other Business Entity)   |  |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, co  | ommon law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of   |  |
| (Enter state, or if a non-U.S. entit  | y, the name of the country)  |
| 12-11-01  | 7. G   |
| (date of organization, formation or incorporation)  | 12 (12 ) The state of the state |
| 3. The name of the Florida Limited Liability Company as set forth in the attached   | Articles of Organization:  |
| M. Hall Enterprises, LLC  | ま つ  |
| (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 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, 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 statu   | ites.  |

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 25 day of May   | _20 <u>_3_3</u> .  |
|---|--|
| Signature of Authorized Representative of Limit   |  |
| Signature of Authorized Representative: Mary Scott  | Tiple: Member  |
| Signature(s) on behalf of Other Business Entity:  |  |
| Signature: Mary Scott  Printed Name: Mary Scott   | Title: Member  |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   |  |
| Signature: Printed Name:  |  |
| Signature:  |  |
| Printed Name:   | Title:   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | orporator must sign.   |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner.                                | y Partnership:   |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.                       | y Limited Partnership:   |
| All others: Signature of an authorized person.  |  |
| Fees:   |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:           | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| M. Hall Enterprises             |   | ability Company, "L.L.C.," or "LLC.")     |                       |  |  |
|---------------------------------|---|---|-----------------------|--|--|
|                                 |   |   |                       |  |  |
| ARTICLE II - A The mailing addr |   | e principal office of the Limited         | Liability Company is: |  |  |
| Principal Office                | Address:  | Mailing Address:                          |                       |  |  |
| 523 Beachwalk Ci                | rcle  | same                                      |                       |  |  |
| Naples, FL 34108                |   |   |                       |  |  |
|                                 |   |   | <del>.</del>          |  |  |
|                                 | n active Florida registration.)  e Florida street address of the Mary Scott | he registered agent are:                  | 23<br>23              |  |  |
|                                 | 523 Beachwalk Circle  | ame                                       |                       |  |  |
|                                 |   |   |                       |  |  |
|                                 | Florida street address (I   | P.O. Box <u>NOT</u> acceptable)           | ****                  |  |  |
|                                 | Florida street address (I<br>Naples   | P.O. Box <u>NOT</u> acceptable)  FL 34108 |                       |  |  |
|                                 | ·   | 34108                                     | PHI2: 52              |  |  |

(CONTINUED)

| A | 1)1 | rı. | C1  | F | IV. |
|---|-----|-----|-----|---|-----|
| А | к   |     | l I |   | IV. |

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

| <u>Title:</u>                     | Name and Address:                        |          |  |  |
|-----------------------------------|--|----------|--|--|
| "AMBR" = Authorized Member        |  |          |  |  |
| "MGR" = Manager<br>AMBR           | Mary Scott                               |          |  |  |
| 7 Hilbir                          | 523 Beachwalk Circle<br>Naples, FL 34108 |          |  |  |
|                                   |  |          |  |  |
|                                   |  |          |  |  |
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|                                   |  | 23       |  |  |
|                                   |  | <u>.</u> |  |  |
| (Use attachment if necessary)     |  | ::       |  |  |
|                                   |  | =        |  |  |
|                                   |  |          |  |  |
| ICLE V: Other provisions, if any. |  |          |  |  |
|                                   |  |          |  |  |
|                                   |  | ··· 🖏    |  |  |

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.

| Mary Scott |  |
|------------|--|
|------------|--|

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)