L23000426336

(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

400413912654

08/15/23--01024--010 **185.00



COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Bent Nail Investments LLC		
	Resulting Florida Lim	nited Company)
	-	ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:):
Jeffrey C. O'Brien		
(Contact Person)		_
Chestnut Cambronne PA		
(Firm/Company)		_
100 Washington Avenue South, Suite 1700	ŀ	
(Address)		
Minneapolis, MN 55401		
(City, State and Zip Cod	le)	_
castlelux1@gmail.com		
E-mail Address: (to be used for future annua	d report notifications)	
For further information concerning this	matter, please call:	l:
Jeffrey C. O'Brien	at (<u>612</u>	336-1298
(Name of Contact Person)	(Area Code	de) (Daytime Telephone Number)
Enclosed is a check for the following an dollars and drawn on a bank located in t S150.00 Filing Fees (\$25 for Conversion and Certificate of	he United States)	
& \$125 for Articles Status of Organization)		Certificate of Status
Mailing Address: New Filing Section Division of Corporations		Street Address: New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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 <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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Bent Nail Investments LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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)
08/28/2012 on
08/28/2012 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: Bent Nail Investments 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.



Certified Copy: Certificate of Status:

Signed this 7th da	y of August	20_23
Signature of Authorized	I Representative of Lin	nited Liability Company:
Signature of Authorized Printed Name: Charlie Ha	Dames (19/2)	
Signature(s) on behalf of	Other Business Entity:	[See below for required signature(s)]
Signature: Oh-h Han	2.	
Printed Names Charlie Har	dcastle	Title: President/Treasurer
DocuSigned by:		
Signature: Charles for the Printed Name Charles Harris Har	ridcastle	Title: Secretary
Trined Name, owner,		Thie. deciciony
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Cianatura:		
Signature:Printed Name:		Title:
Signature:		T'.I
rtinica (Name:		Title:
If Florida Corporation:		
Signature of Chairman, Vi		
If Directors or Officers ha	ve not been selected, an I	ncorporator must sign.
If Florida General Partn	ership or Limited Liabi	lity Partnership:
Signature of one General I	Partner.	
If Florida Limited Partn	ershin or Limited Liahi	lity Limited Partnership:
Signatures of ALL Genera		nty Emitted Farthersing.
All others: Signature of an authorized	person.	
Fees:		
Articles of Conve	rsion:	\$25.00
Fees for Florida A	articles of Organization:	\$125.00

\$30.00 (Optional) \$5.00 (Optional) FILED
2023 AUG 15 AM 10: 54
PALLAHASSET FLOGE

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4	ки			1 V -

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	
AMBR	Charlie Hardcastle
	219 N Polk Drive
	Sarasota, FL 34236
<u> </u>	
	
713	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	<u> </u>
REQUIRED SIGNATURE:	
OocuSigned by	
12/2 1 W D.	
8A4355CBF26B4F0	
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 ment to the Department of State constitutes a third degree felor

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

Charlie Hardcastle

Typed or printed name of signee

Filing Fees

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

Bent Nail Investi		ability Company, "L.L.C.," or "LLC.")
	Assuss contain the words. Entitled El	ionity Company, E.E.C., or EEC.
ARTICLE II -		
The mailing ad	dress and street address of th	e principal office of the Limited Liability Company is
Principal Offic	ce Address:	Mailing Address:
219 N Polk Drive	e	219 N Polk Drive
Sarasota, FL 34	236	Sarasota, FL 34236
 -		
(The Limited Liabili	- Registered Agent, Registerity Company cannot serve as its own Finan active Florida registration.)	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ity Company cannot serve as its own F	egistered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ity Company cannot serve as its own F h an active Florida registration.) The Florida street address of t Charlie Hardcastle	egistered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ity Company cannot serve as its own F h an active Florida registration.) The Florida street address of t Charlie Hardcastle	he registered agent are:
(The Limited Liabili business entity with	ty Company cannot serve as its own Finan active Florida registration.) The Florida street address of too Charlie Hardcastle N 219 N Polk Drive	he registered agent are:
(The Limited Liabili business entity with	ty Company cannot serve as its own Finan active Florida registration.) The Florida street address of too Charlie Hardcastle N 219 N Polk Drive	he registered agent are:
(The Limited Liabili business entity with	the Florida street address of to the Florida street address of to the Florida Hardcastle Charlie Hardcastle Note: No Polk Drive Florida street address (he registered agent are: ame P.O. Box NOT acceptable)

Registered Regulation (REQUIRED)

(CONTINUED)

