L23000427616

(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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COVER LETTER

TO: New Filing S Division of C					
	E PIECE LLC				
SUBJECT:					
	(Name of Re	sulting Florida Lim	ted Comp	pany)	
	s of Conversion, Artic o a "Florida Limited Li				
Please return all corr	espondence concernin	g this matter to:			
CALEB DAVIDGE					
LEISURE PIECE LLC	(Contact Person)		_		
788 NE 23rd ST, #310	(Firm/Company)		-		
	(Address)		-		
MIAMI, FLORIDA, 331	37				
CALEBDAVIDGE@GN	City, State and Zip Code) MAIL.COM	,	-		
E-mail Address: (to b	pe used for future annual re	port notifications)	_		
For further informati	on concerning this ma	tter, please call:			
CALEB DAVIDGE	C	310	658-03	387	
(Name of Conta	act Person)	_at ((Area Code	_/_) (Dayti	ime Telephone Number)	_
	For the following amou a bank located in the		processe	ed by this office must	be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees Certified Copy. and Certificate of Status	j I
Mailing Add				Address:	
New Filing S				iling Section	
Division of C P.O. Box 632				on of Corporations	
F.O. BOX 032	. /		The Ce	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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.

(Enter Name of Other B	usiness Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limit	ed partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the lar	WS OF CALIFORNIA
on(date of organization, formation or incorporation)	(Enter state, or if a non-U.S. entity, the name of the country)
	any as set forth in the attached Articles of Organization
(Enter Name of Florida Limited L	iability Company)
	eipt or filed date nor more than 90 calendar days after artment of State.)
5. The plan of conversion has been approved in accor	rdance with all applicable statutes.
The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605.1006	d to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.
	2022 AUG 18

Signed this 1 day of AUGUST	2023
Signature of Authorized Representative of Lin	nited Liability Company
Signature of Authorized Representative:Printed Name: CALEB DAVIDGE	CQ:
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: CALEB DAVIDGE	
Signature:Printed Name:	
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 If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	nv is:
•	
LEISURE PIECE LLC	
	Liability Company, "L.L.C.," or "LLC.")
	caminy Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	the principal accounts
	the principal office of the Limited Liability Company is:
Principal Office Address:	
· · · 	Mailing Address:
788 NE 23rd St	789 NC 22-1 O
#3101	788 NE 23rd St #3101
Miami, FL 33137	
	Miami, FL 33137
ARTICLE III - Registered A	
Chaliminative Registered Agent, Regist	tered Office, & Registered Agent's Signature:
CLUB Latinitin Latinitin Company	Designand 4 A. S.
business entity with an active Florida registration	registered Agent. You must designate an individual or another
ousniess entity with an active Florida registration.)	an individual or another
ousniess entity with an active Florida registration.)	an individual or another
business entity with an active Florida registration.) The name and the Florida street address of	an individual or another
The name and the Florida street address of	the registered agent are:
The name and the Florida street address of United States Corporation	the registered agent are: Agents, Inc.
The name and the Florida street address of United States Corporation	the registered agent are:
The name and the Florida street address of United States Corporation	the registered agent are: Agents, Inc.
The name and the Florida street address of United States Corporation N 476 Riverside Ave.	the registered agent are: Agents, Inc.
The name and the Florida street address of the name and the Florida street address of the United States Corporation No. 476 Riverside Ave. Florida street address (the registered agent are: Agents, Inc.
The name and the Florida street address of United States Corporation N 476 Riverside Ave.	the registered agent are: Agents, Inc.
The name and the Florida street address of the name and the Florida street address of the United States Corporation No. 476 Riverside Ave. Florida street address (the registered agent are: Agents, inc. lame P.O. Box NOT acceptable) FL 32202
The name and the Florida street address of the name and the Florida street address of the United States Corporation United States Corporation Note: The name and the Florida street address (Jacksonville City	the registered agent are: Agents, Inc. Jame P.O. Box NOT acceptable) FL 32202 Zip
United States Corporation United States Corporation N 476 Riverside Ave. Florida street address (Jacksonville City Having been named as registered agent or	the registered agent are: Agents, inc. Jame P.O. Box NOT acceptable) FL 32202 Zip
United States Corporation United States Corporation N 476 Riverside Ave. Florida street address (Jacksonville City Having been named as registered agent an liability company at the place decimals.	the registered agent are: Agents, inc. lame P.O. Box NOT acceptable) FL 32202 Zip ad to accept service of process for the above stated limited
United States Corporation United States Corporation Value States Cor	the registered agent are: Agents, Inc. lame P.O. Box NOT acceptable) FL 32202 Zip ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as
The name and the Florida street address of the name and the Florida street address of the United States Corporation United States Corporation A76 Riverside Ave. Florida street address (Jacksonville City Having been named as registered agent and liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and corporation.	the registered agent are: Agents, inc. Jame P.O. Box NOT acceptable) FL 32202 Zip ad to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all
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The name and the Florida street address of the name and the Florida street address of the United States Corporation No. 476 Riverside Ave. Florida street address (Jacksonville City Having been named as registered agent and liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as	the registered agent are: Agents, Inc. Jame P.O. Box NOT acceptable) FL 32202 Zip ad to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 605, F.S Theyenne Moseley, Asst. secretary on behalf of
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The name and address of each person authorized to manage and control the Limited Liability

Company:

	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR / MGR	CALEB DAVIDGE	
	788 NE 23rd St #31u1	
	Miami, FL 33137	
		
_		
		· <u> </u>
ICLE V: Other provisions, if any.		
ICLE V: Other provisions, if any. REQUIRED SIGNATURE:	2:	
Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.	n authorized representative of a rewith section 605.0203 (1) (b), Florida Statument to the Department of State constitutes a	
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S. CALEB DAVIDGE	with section 605.0203 (1) (b), Florida Staturent to the Department of State constitutes a	
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S. CALEB DAVIDGE	ent to the Department of State constitutes a	tes. I am aware to third degree fel
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