La3011437625

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Susmess Entry World)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	New Filing Se Division of C				
CHR	JECT: Code Pin	eapple LLC			
SUD		(Name of Res	ulting Florida Lim	ited Con	npany)
The e Busin	nclosed Articles less Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compar	tion, an y" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
North	west Registered	Agent LLC			
		(Contact Person)		_	
		(Firm/Company)		_	
7901	4th St N STE 300			_	
		(Address)			
St. Pe	etersburg, FL 337			_	
	•	City, State and Zip Code)			
easte	rn@northwestreg	isteredagent.com		_	
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fi	urther information	on concerning this ma	tter, please call		
Filing	s Team		at (509	768-2	2249
	(Name of Conta	ct Person)	(Area Cod	e) (Day	rtime Telephone Number)
		or the following amou a bank located in the		ргосея	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, 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: Code Pineapple LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
09/17/2018 on
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:
Code Pineapple 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.

Signe	d this day of				
Signa	ture of Authorized Representative of Lim	ited Liability Company:			
Signa Printe	ure of Authorized Representative: I Name: _ Don Wilson	Title: Founder Member			
<u>Signa</u>	ture(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signa Printe	ure: D (J H Name: Don Wilson	Title:Founder Member			
Signa Printe	ure: d Name:Devin Cowick	Title: Founder Member			
Signa Printe	ure:d Name:	Title:			
Signa Printe	ure:d Name:	Title:			
Signa Printe	ure:d Name:	Title:			
Signa Printe	ure:d Name:	Title:			
Signa	rida Corporation: ure of Chairman, Vice Chairman, Director, or ectors or Officers have not been selected, an Ir			~ .3	
	rida General Partnership or Limited Liabil ure of one General Partner.	ity Partnership:		73 64 74	į
	rida Limited Partnership or Limited Liabili ures of <u>ALL</u> General Partners.	ity Limited Partnership:		15 A	- ن
<u>All ot</u> Signa	hers: ure of an authorized person.		-:	7:57	د چه حريند
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 - Nat The name of the L	me: imited Liability Company	is:		
Code Pineapple LLC		oility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ac The mailing addre		principal office of the Limit	ted Liability Company is	:
Principal Office A	<u>Address:</u>	Mailing Address:		
7901 4th St N STE : St. Petersburg, FL 3		7901 4th St N STE 300 St. Petersburg, FL 33702		
(The Limited Liability C business entity with an	Registered Agent, Register company cannot serve as its own Re active Florida registration.) Florida street address of th	red Office, & Registered A egistered Agent. You must designate a ne registered agent are:	gent's Signature: m individual or another	
	Northwest Registered Ager	nt LLC	22	
		me	73877 IS	
		P.O. Box NOT acceptable)	<u> </u>	
St. Petersburg		FL 33702 Zip	ÆH 7	,
	City	Zip	5	
liability comp registered agent statutes relatin	pany at the place designated and agree to act in this cap ag to the proper and comple bligations of my position as	d to accept service of process in this certificate, I hereby coacity. I further agree to come te performance of my duties, registered agent as provided	accept the appointment as aply with the provisions of and I am familiar with an	a

(CONTINUED)

		^.		
ΔR	TI	C'I	·F	IV-

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
AMBR	Don Wilson				
	7901 4th St N STE 300				
	St. Petersburg, FL 33702				
AMBR	Devin Cowick				
	7901 4th St N STE 300				
	St. Petersburg, FL 33702				
(Use attachment if necessary)					
	 57				
FICLE V: Other provisions, if any.					
					
REQUIRED SIGNATURE:					
Wat Smi	1-h				
This document is executed in accordance	an authorized representative of a member e with section 605,0203 (1) (b), Florida Statutes, I am aware that iment to the Department of State constitutes a third degree felony				
Nat Smith					
Ту	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)