	(Requestor's Name)	
	(Address)	
	( 133, 131,	
	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Prione #)	
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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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/5/2023

NAME: TECUN, LLC

TYPE OF FILING: CONVERSION

COST:

180.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

Division of Corpo				
SUBJECT: Tecun, LLC				
	(Name of Resu	ılting Florida Limi	ted Com	pany)
				d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspon	ndence concerning	this matter to:		
Thomas Bacon				
(Co	ontact Person)		-	
Bacon Law				
(Fi	rm/Company)		-	
1601 N. Sepulveda Blvd., No	o 349			
	(Address)		-	
Manhattan Beach, CA 9026	6			
(City, S	State and Zip Code)		-	
tbacon@baconlawgroup.cor	m			•
E-mail Address: (to be used	d for future annual rep	ort notifications)	=	
For further information co	oncerning this matt	er, please call:		
Thomas Bacon		at ( <sup>310</sup>	880-2	698
(Name of Contact Per	rson)		(Dayt	ime Telephone Number)
Enclosed is a check for the dollars and drawn on a bar			rocesso	ed by this office must be payable in US
<del>_</del>	155.00 Filing Fees Certificate of us	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations		New F Division The Co 2415 N	Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, 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 Articles of Conversion is: Tecun, 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.)
(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)
June 7, 2007 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Tecun, 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.

Signed this 31d day of October	_ <sub>20</sub> <u>2_3</u>	
Signature of Authorized Representative of Limi	1//	
Signature of Authorized Representative: Printed Name: Stephen Gaines	Title: Manager	_
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]	
Signature:Printed Name: Stapphen Galnes	Title: Manager	
Signature:Printed Name:		-
Signature: Printed Name:	Title:	<b>-</b> -
Signature: Printed Name:		<del>-</del> -
Signature: Printed Name:		<u>.</u>
Signature: Printed Name:		_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Olf Directors or Officers have not been selected, an Inc.		•
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	 Os
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	T:- 1:7-11:11
All others: Signature of an authorized person.		·· 5
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 - N	vame:		
The name of the	Limited Liability Company	is:	
Tecun, LLC	A		
1	(Must contain the words "Limited Liab	offity Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		principal office of the Limited	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
677 Spinnaker, W	Veston, FL 33326	677 Spinnaker, Weston, FL 3	3326
(The Limited Liability business entity with		red Office, & Registered Agen gistered Agent. You must designate an indee registered agent are:	
	Na:		
	. 14		
	677 Spinnaker		٠. ن ن
	Florida street address (P	.O. Box NOT acceptable)	<i>υ</i> ; · · ·
	Weston	FL 33326	
	City	Zip	7. 17. 17. 17. 17. 17. 17. 17. 17. 17. 1
liability cor registered age statutes relai	mpany at the place designated nt and agree to act in this capting to the proper and complete obligations of my position as	I to accept service of process for in this certificate, I hereby accept acity. I further agree to comply be performance of my duties, and registered agent as provided for ignature (REQUIRED)	the above stated timited pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Á	Da	rta	T	10	T 1 7
А	ĸ	и		r.	1 V -

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			
MGR	Stephen Gaines		
	677 Spinnaker		
	Weston, FL 33326		
	<del></del>		
	<del></del>		
	•		
	<del>-</del>		
	<u> </u>		
LE V: Other provisions, if any.			
· · · · · · · · · · · · · · · · · · ·			
REQUIRED SIGNATURE:			
	,		
10/100			
10			
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe		
Stephen Gaines			
Тур	ped or printed name of signee		
	Filing Rees		

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)