# L23000516655

(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:





100418281451

09/06/23--01035--018 \*\*185.00

#### COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: OFB ht			
(N:	ime of Resulting Florida Limited	Company)	<del></del>
The enclosed Articles of Conversion Business Entity" into a "Florida Li	on, Articles of Organization, mited Liability Company" i	and fees are submitted accordance with s. 605	to convert an "Other 5.1045, F.S.
Please return all correspondence co	oncerning this matter to:		
Peter A. Ehr (Contact Pers	lich		
OFB LLC (Firm/Compa			
711 SINC	th St.		
(Address)			
(City, State and Zi	Pines, FL 330	123	
E-mail Address: (to be used for future	unnual report notifications)		
For further information concerning	this matter, please call:		
<u> Refer A Ehrlich</u>	)a(_954)4	83-8175	
(Name of Contact Person)		aytime Telephone Number)	···
Enclosed is a check for the followin follars and drawn on a bank located	g amount: (All checks proce in the United States)	ssed by this office must	be payable in US
\$25 for Conversion (\$125 for Articles (Conganization) \$155.00 Filing and Certificate of Status	f = \$180.00 Filing Fees and Certified Copy	Certificate of Status	CASHED on
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divis The ( 2415	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite	·810

INHS11 (7/17)

(HH D-1)

#### 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 pr	ior to the filing of the Articles of	Conversion is:
OFB Corpora-1100 (Enter Name of Other Business Er	ndin.)	
	штуј	
2. The "Other Business Entity" is a COPOCO-LOO (Enter entity type. Example: corporation, limited partner		
		or business trust, etc.
First organized, formed or incorporated under the laws of	Honda_	
1 - t'	r state, or if a non-U.S. entity, the name	of the country)
011 04/09/2003		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as se	t forth in the attached Articles o	f Organizacione
OCO 110		Organization:
(Enter Name of Florida Limited Liability Co	Ompanyl	
	• •	a (Bom is)
4. If not effective on the date of filing, enter the effective date.	ie: 4-5-2023 - 1000	or mecerba
(The effective date: Cannot be prior to date of receipt or f the date this document is filed by the Florida Department	6 A 6 C 4 11 4 11 1	
truce. If the date diserted in this block does not meet the applicable crane	tory filing requirements, this date will no	ot be listed as the
of that steeling.		
<ol><li>The plan of conversion has been approved in accordance w</li></ol>	ith all applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay a which such members are entitled under ss. 605.1006 and 605.</li> </ol>	any members having appraisal righ	ts the amount to
	.1001-003.1072, 1.3.	
		2523
		ı
		_
		_
	Muss	6: 3 <sup>-7</sup>
	(A++ D-2)	-

Signed this 194 day of September	20,23
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	o to AGR Title: MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Reten of Chicken  Printed Name: Peten A. Ehrelich	_ Title: President Director
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
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 Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv 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 Company is:	
OPB LLC	
Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	,
	· 1 /22
address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
JIII 54 9th 5t	MILL SLI QUE X
Pembrone Pines, FC 33023	- Pendrave Pinos, FC 33023
	- 151/74 ONE 11/25) HC 33093
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida atract address of the	
The name and the Florida street address of the re	gistered agent are:
TELEN A	Ehrlich
Name	3 601
TILL SW 9	16 al
Florida et a de de Co	411 24.
Florida street address (P.O.	
Pernboue Pine	S EL 33023
City	Zip
riaving been named as registered agent and to a	accept service of process for the above stated limited
the place designing in the	HIS Cartificate I homobor and all
statutes relating to the proper and complete per	is certificate, I hereby accept the appointment as i. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and
accept the obligations of my position as regis	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S
	Chapter (M), F.S.
Registered Agent's City	(DECURATE)
Registered Agent's Signat	ure (KEQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = ManagerMGR	Name and Address:  Peter A Chrich  THI Sw 9th 5t.  Pennbroke Pinis   FC 3308
(Use attachment if necessary)	
LEV: Other provisions, if any.  OSE The Purpose for Model, hospitality, required	rwhich this bhC is authorized Lestate, professy anamagement
REQUIRED SIGNATURE:	

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)

(AH-D-5) ?