L23000520310

(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:





100418153811

10/30/23--01029--026 **155.00

11/2//23

COVER LETTER

TO:	New Filing Solvision of C					
SUBJI	CCT. Transfor	m Soccer LLC				
50501	<u></u>	(Name of Res	sulting Florida Lin	nited Con	npany)	
					id fees are submitted to convert an "O ecordance with s. 605.10%5, F.S.	thei
Please	return all corre	espondence concernin	g this matter to	:		
Maria F	Репту					
		(Contact Person)		_		
Robert	H. Montgomery	, III, Esquire, P.C.				
_		(Firm/Company)				
230 S E	Broad St., STE	305				
		(Address)				
Philade	elphia, PA 1910:	2		_		
	((City, State and Zip Code)		_		
тапа@)rmontgomery-l	aw.com				
E-ma	ail Address: (to b	e used for future annual re	port notifications)	<u></u>		
For fur	ther information	on concerning this ma	tter, please call:	:		
Maria F	Perry		_at (²¹⁵	₃ 731-	1404 ext. 8	
	(Name of Conta	ct Person)	(Area Code	e) (Day	1404 ext. 8 viime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be payable in U	JS
(\$ 25 for & \$125	.00 Filing Fees Conversion for Articles sization)	■\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filin and Certified Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addr New Filing So Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8/0 massee, FL 32303	

INHS11 (7/17)

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 Oth	her Business Entity)
2. The "Other Business Entity" is a limited liabili	limited partnership, general partnership, common limit or business trust, etc.)
(Enter entity type. Example: corporation,	limited partnership, general partnership, common limit or business trust, etc.)
First organized, formed or incorporated under the	(Enter state, or if a nen-U.S. entity, the name of the country)
August 8, 2020	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Co	ompany as set forth in the attached Articles of Organization:
Transform Soccer LLC	
(Enter Name of Florida Lim	ited Liability Company)
1. If not effective on the date of filing, enter the	effective date:
4. If not effective on the date of filing, enter the The effective date: Cannot be prior to date of the date this document is filed by the Florida Note: If the date inserted in this block does not meet the	e effective date: of receipt or filed date nor more than 90 calendar days after Department of State.) applicable statutory filing requirements, this date will not be listed as the
The effective on the date of filing, enter the The effective date: Cannot be prior to date of the date this document is filed by the Florida Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	of receipt or filed date nor more than 90 calendar days after Department of State.) applicable statutory filing requirements, this date will not be listed as the cords.
4. If not effective on the date of filing, enter the The effective date: Cannot be prior to date of the date this document is filed by the Florida Note: If the date inserted in this block does not meet the document's effective date on the Department of State's research. The plan of conversion has been approved in	e effective date: of receipt or filed date nor more than 90 calendar days after Department of State.) applicable statutory filing requirements, this date will not be listed as the ecords. accordance with all applicable statutes. agreed to pay any members having appraisal: ghts the amount to

Signed this 26 day of October	2023	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative:	<u> </u>	
Printed Name: Andrew Baggaley	Title: Authorized Member	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
01		Č1
Orginature:		_
Printed Name: Andrew Baggaley	Title: Authorized Member	_
Signature:		
Signature: Printed Name:	Title:	_
Signature:Printed Name:	The state of the s	_
Printed Name:	little:	_
Signature:		-
Printed Name:	Title:	-
Signature:Printed Name:	Tid	_
Finited Name:	True;	_
Signature:		_
Signature:Printed Name:	Title:	_
TOTAL CLASSICAL CONTRACTOR		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer :	
If Directors or Officers have not been selected, an In-		
•		
If Florida General Partnership or Limited Liabili	<u>ty Partnership:</u>	
Signature of one General Partner.	· ·	
If Florida Limited Partnership or Limited Liabili	tv Limited Partnership:	
Signatures of ALL General Partners.		
A.W. of		
All others: Signature of an authorized person.		
Signature of all authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limit	ed Liability Company	is:	
	ou simplify company	ω.	
Tennaform Conservation			
Transform Soccer LLC	ontnin the words "I imited I ish	ility Company, "L.L.C.," or "LLC.	**
(man are words - maned man	mity company, 15,E.C., or 15,EC.	,
ARTICLE II - Addre			
The mailing address ar	nd street address of the	principal office of the Lim	ited Liability Company is:
Principal Office Add	ress:	Mailing Address:	
5201 1/2 9th Ave. S, Gu	lfport, FL 33707	5201 1/2 9th Ave. S, Gu	lfport, FL 33707
	<u> </u>		
ARTICLE III - Regis (The Limited Liability Compa- business entity with an active	ny cannot serve as its own Res	ed Office, & Registered Agistered Agent. You must designate	agent's Signature: an individual or another
The name and the Flori	ida street address of the	e registered agent are:	¥*
And	drew Baggaley		
	Nar	ne	
520	01 1/2 9th Ave. S		
		O. Box NOT acceptable)	
Gul	fport	FL 33707 Zip	
	City	Zip	
liability company registered agent and statutes relating to t accept the obligat	at the place designated agree to act in this capa he proper and complete ions of my position as r	in this certificate, I hereby of acity. I further agree to come performance of my duties, registered agent as provided	ply with the provisions of all and I am familiar with and
	Registered Agent's Signature	gnature (REQUIRED)	

(CONTINUED)

<u>Title:</u>	Name and Address:	v ritidae
"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Andrew Baggaley	
	5201 1/2 9th Ave. S	·
	Gulfport, FL 33707	
		- <u>-</u>
		
		:
		
(Use attachment if necessary)	e de'	19
LE V: Other provisions, if any.		
	1 h	
REQUIRED SIGNATURE:	used	
any false information submitted in a docume as provided for in s.817.155, F.S.	a authorized representative of a ith section 605.0203 (1) (b), Florida State to the Department of State constitutes	tites. I ama atamina th
Andrew Baggaley		
Timo	d or printed name of signee	

ARTICLE IV-