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(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

COVER LETTER

Division of C	orporations					
SUBJECT: NC Tiny	Homes LLC					
SUBJECT:		sulting Florida L	imited Con	npany)	-	
		_		d fees are submitted to ccordance with s. 605.1		
Please return all corr	espondence concernin	g this matter t	o:			
Andrew L. Mann						
	(Contact Person)			•		
Mann Wolf Plyler LLP						
-	(Firm/Company)					
9886 Riverside Drive						
	(Address)				23 ALL	
Coral Springs, FL 330	71				23 NOV -6 SECREJARY	
(1	City, State and Zip Code)				SS -	<u>.</u> ا
andrew@mannwolf.co	m					[]
E-mail Address: (to b	e used for future annual re	port notification	<u>s)</u>		FL 8	C
For further informati	on concerning this ma	tter, please ca	11:		PH 8: 07 OF STATE	
Andrew L. Mann		at (⁹⁵⁴	572.9	9944	***	
(Name of Conta	act Person)		ode) (Day	rtime Telephone Number)	_ `	
	for the following amou a bank located in the		-	sed 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 Fi and Certified		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
<u>Mailing Add</u> New Filing S				t Address: Filing Section		
Division of C				ion of Corporations		
P.O. Box 632				Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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 Conve NC Tiny Homes LLC	rsion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a	iess trust, etc.)
First organized, formed or incorporated under the laws of	S T
(Enter state, or if a non-U.S. entity, the name of the control of	outliry)
January 10, 2023	ο π
(date of organization, formation or incorporation)	PH B
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organical Company as set for the Organical Company as	
NC Tiny Homes 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 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 lidocument'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 day of October, 2023	20	
Signature of Authorized Representative of Limite	d Liability Company:	
Signature of Authorized Representative: Printed Name: Charles Gonzalez	Title: Member	
Signature(s) on behalf of Other Business Entity: [Se	ee below for required signature(s)]	
Signature: Printed Name: Annews. Agan, 59	Title: Arthorizal Reports	prive.
Signature:Printed Name:		
Signature: Printed Name:		
Signature:Printed Name:	Title:	Fo 2
Signature: Printed Name:	Title	3 NOV -6 ECRETAR
Signature:		141 - €
Printed Name:	Title:	E. R. 3
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inco		8: 07
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	/ 1S:		
NC Tiny Homes LLC			
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of th	e principal office of the Limited	d Liability Company	is:
Principal Office Address:	Mailing Address:		
27050 SW 189 Ave.	27050 SW 189 Ave.		
Homestead, FL 33033	Homestead, FL 33033		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t Mann Wolf Plyler LLP	legistered Agent. You must designate an i	ndividua NOV -6	FILE
Name		PM 8: UF STO E. FLO	D
9886 Riverside Drive		8: 07	
Florida street address (P.O. Box <u>NOT</u> acceptable)	1	
Coral Springs	FL 33071		
City	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Charles Gonzalez		
	27050 SW 189 Ave.		
	Homestead, FL 33033		
			
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		NOV REI AHA	1
(Use attachment if necessary)			
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TCLE V: Other provisions, if any.			
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Harles L Gonzale 7
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)