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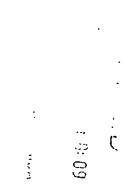
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





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COVER LETTER

TO:	New Filing Son Division of C							
SUBI	ECT: Sun Kiss	ed II LLC						
0000			sulting Florida Lin	nited Con	npany)	-		
			•	-	d fees are submitted to ecordance with s. 605.1		ı "Other	•
Please	e return all corre	espondence concernin	g this matter to	:				
Mark i	H. Hadfield							
		(Contact Person)		_				
Sun K	issed II LLC			_				
		(Firm/Company)		_				
4425	Hanwell Ct							
		(Address)						
Midlot	hian, VA 23113							
	((City, State and Zip Code)						
slobik	e@verizon.net							•
E-r	nail Address: (to b	e used for future annual re	port notifications)	-				
For fu	rther information	on concerning this ma	tter, please call	:				
Jerror	Jutila		_at (³¹⁰	_\ 562-7	274			
	(Name of Conta	ct Person)	(Area Cod	e) (Day	time Telephone Number)	-		
		or the following amou a bank located in the	•	process	sed by this office must b	e payable	in ÚŚ	
(\$25 fc & \$125	0.00 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 Addr New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415 I	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	: 810	8: 09	

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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: Sun Kissed II LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Single member) (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)
September 29, 2023
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sun Kissed II 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.)
<u>Note:</u> 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 th	his 8th	_ day of November	20_23
Signatui	re of Autho	rized Representative of	Limited, Liability Company:
			Title: Manager
Signature	e of Authori	zed Representative: _\//	W + 1 ··
Printed N	iame: Mark H	Hadfield	/Tifle: Manager
Signatur	e(s) on beha	lf of Other Business Ent	tity: [See below for required signature(s)]
C:	1///	1/1.1	Title: Manager
Signature Drinted N	iomo Mark H	Hadfield	Title: Manager
rinied is	ame: wark i	Haundu	Title Manager
Signature	e:		
Printed N	lame:		Title:
Signature):	<u> </u>	
Printed N	lame:		Title:
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Signature):		
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	a Corporati		
-		n, Vice Chairman, Directo	·
If Directo	ors or Officei	's have not been selected,	an Incorporator must sign.
If Florid	a Canaral D	artnership or Limited L	ighility Partnership
	of one Gene		natinty i arthership.
0.6			
If Florid	a Limited P	artnership or Limited L	iability Limited Partnership:
		eneral Partners.	-
All other		• •	
Signature	of an author	rized person.	
Fees:			
Δ	articles of Co	onversion:	\$25.00
		da Articles of Organizati	
	Certified Cop	-	\$30.00 (Optional)
	Certificate of	-	\$5.00 (Optional)
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Sun Kissed II LLC			
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4425 Hanwell Ct	4425 Hanwell Ct		
Midlothian, VA 23113	Midlothian, VA 23113		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	ered Agent. You must designate an individual or another		
Name			
7796 W Irlo Bronson Memorial	Hwy		
Florida street address (P.O.	Box NOT acceptable)		
Kissimmee	FL ³⁴⁷⁴⁷		
City	Zip		
liability company at the place designated in registered agent and agree to act in this capaci- statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S.		
Registered Agent's Signa	ature (REQUIRED)		

(CONTINUED)

ARTICLE IV-

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	Mark H Hadfield 4425 Hanwell Ct Midlothian, VA 23113		
MGA			
(Use attachment if necessary)			
RTICLE V: Other provisions, if any.			
tress vrouse provisions, namy.			
REQUIRED SIGNATURE:			
Mu HU			
- 100 17 070			
Signature of a member or	an authorized representative of a member		
This document is exeduted in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that		
any false information submitted in a docur	ment to the Department of State constitutes a third degree felony		
as provided for in s.817.155, F.S.			
Mark H Hadfield			
$T\mathbf{y}_{I}$	ped 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)