# L23000548621

(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:
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## COVER LETTER

Division of C					
Bethmay	LLC				
SUBJECT:	(Name of Res	sulting Florida Lim	ited Company	y)	
				es are submitted to convedance with s. 605.1045,	
Please return all corr	espondence concernin	g this matter to:			
Andrew Strojny					
	(Contact Person)		-	<del></del>	
Bethmay LLC				Please apply par	yment
P.O. Box 2374	(Firm/Company)		_	from REJECTED W230001501	_
	(Address)		<del></del>	Chook #126	.
Ponte Vedra, FL 32004	1			Check #126	
(°FLSOS@BETHMAYLL	City, State and Zip Code) .C.COM		<del>-</del>		
E-mail Address: (to b	e used for future annual re	port notifications)	<del>-</del>		
For further informati	on concerning this ma	tter, please call:			
Andrew Strojny		208 at (	900-4646		
(Name of Conta	act Person)	_ \	) (Daytime	Zelephone Number)	
	for the following amou a bank located in the		processe t	by this office must be pay	yable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	ру Се	\$185,00 Filing Fees. rtified Copy, and rtificate of Status	
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		The Centr 2415 N. N	<del></del>	2028 OC1 30 Fi

INHS11 (7/17)

#### **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.

(Enter Name of Other B	usiness Entity)
Limited Liability (	Company
2. The "Other Business Entity" is a	
	ted partnership, general partnership, common law or business trust, etc.) Idaho
First organized, formed or incorporated under the la	ws of
January 4, 2016	ws of(Enter state, or if a non-U.S. entity, the name of the country)
on	
on(date of organization, formation or incorporation)	
(Enter Name of Florida Limited I	Liability Company)
4. If not effective on the date of filing, enter the effe	ective date:
(The effective date: Cannot be prior to date of rec	soint ou filed data and a surely 00 leads of
the date this document is filed by the Florida Dep Note: If the date inserted in this block does not meet the appli	cable statutory filing requirements, this date will not be listed as the
the date this document is filed by the Florida Der	cable statutory filing requirements, this date will not be listed as the s.
Note: If the date inserted in this block does not meet the applidocument's effective date on the Department of State's records.  The plan of conversion has been approved in according to the plan of conversion has been approved to the plan of c	cable statutory filing requirements, this date will not be listed as the statutory filing requirements, this date will not be listed as the ordance with all applicable statutes.

Signed this 7th day of November	20 2 3
,	<del></del>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 7 Printed Name: Andrew Stroing	
Printed Name: //Y/0/200 51/6/14 9	_ little:
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Signature:  Printed Name: Andrew Shopin y  Signature:	Title: Manager
Si	$\mathcal I$
Signature: 7 Printed Name:	Title
Timted (Vaine.	
Signature:	
Signature: Printed Name:	
Signature:	70° 1
Printed Name:	little:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an 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 Limited Liability Company is	s:		
Bethmay LLC			
(Must contain the words "Limited Liabil	hty Company, "L.L.C.," or "LLC.")		<del></del>
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limite	d Liability	Company is:
Principal Office Address:	Mailing Address:		
7901 4th St N	P.O. Box 2374		
STE 300	Ponte Vedra Beach, FL 320	04	<del></del>
St. Petersburg, FL 33702		<del></del>	<del></del>
(The Limited Liability Company cannot serve as its own Registuations entity with an active Florida registration.)  The name and the Florida street address of the  Northwest Registered Agent to Name	registered agent are:	ndividual or a	inother
7901 4th St N STE 300			
Florida street address (P.C	D. Box NOT acceptable)		
St. Petersburg	33702 FL		
City	Zip		
Having been named as registered agent and t liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby acc city. I further agree to comply performance of my duties, an	ept the app y with the p ed I am fam	pointment as provisions of all ailiar with and
Registered Agent's Sign	Taylor Newman	<u> </u>	2028 (

(CONTINUED)

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

"MGR" = Manager	
Work Manager	
MGR	Andrew Strojny
	P.O. Box 2374
	Ponte Vedra Beach, FL 32004
MGR	Jennifer Strojny
	P.O Box 2374
	Ponte Vedra Beach, FL 32004
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	AA
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member of with section 605 0203 (1) (b). Florida Statutes Lama
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	c with section 605,0203 (1) (b). Florida Statutes, Lam a
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am a uncent to the Department of State constitutes a third deg
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	c with section 605,0203 (1) (b). Florida Statutes, Lam a
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S.  Andrew Strojny	e with section 605.0203 (1) (b), Florida Statutes. I am a uncent to the Department of State constitutes a third deg