# 123000SSS726

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	ECT: PURPLI	E CARDINAL, LLC			
			sulting Florida L	imited Co	ompany)
The e Busin	nclosed Article ess Entity" inte	es of Conversion, Artico o a "Florida Limited I	cles of Organi iability Comp	zation, a any" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all con	respondence concernir	ng this matter (	.o:	
NICO	E CREESE				
BLUE	JAY TAX SERV	(Contact Person)			
<del></del>		(Firm/Company)			
200 C	APRI ISLES BL'	VD UNIT 7F			
		(Address)	<u> </u>		
VENIC	E, FL 34292				
		City, State and Zip Code)	<del>- ·</del>		
NICOL	E@BLUEJAYT.	AX.COM			
E-m	nail Address: (to b	e used for future annual re	port notification	s)	
For fu	rther informati	on concerning this ma	tter, please ca	Н;	
NICOL	E CREESE		at ( 941	\888-	4222
	(Name of Conta	ict Person)	(Area Co	de) (Da	4222  ytime Telephone Number)
Enclos dollars	ed is a check f and drawn on	for the following amou a bank located in the	int: (All check United States)	s proces	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified (		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

#### 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: PURPLE CARDINAL, LIMITED LIABILITY COMPANY
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
07.31.2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: PURPLE CARDINAL, 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.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument'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 8TH day of JULY	20 <u>.23                                    </u>					
Signature of Authorized Representative of Lim	ited Liability Company:					
Signature of Authorized Representative: 11200. Printed Name: DEBRA LYNN VALLO						
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]					
Signature: 10.676000 Printed Name DEBRA LYNN VALLO						
Signature:Printed Name:						
Signature: Printed Name:	Title:					
Signature:Printed Name:						
Signature: Printed Name:	Title:					
Signature: Printed Name:						
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.						
If Florida General Partnership or Limited Liabili Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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)	PILLARAS SEEFE				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		IABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liebilian Co.		
The name of the Limited Liability Company is	:	
PURPLE CARDINAL, LLC		
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC	<u> </u>
ARTICLE II - Address:	, ,, ==================================	,
The mailing address and street address of the pr	ringinal office of the time	de tradición de
	imcipal office of the Lim	itted Liability Company is:
Principal Office Address:	Mailing Address:	
15810 KEY BISCAYNE LANE	15810 KEY BISCAYNE	1 AAD
WESTLAKE, FL 33470	WEST PALM BEACH, F	
		2004/0
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  BLUE JAY TAX SERVICES LI Name	registered agent are:	Agent's Signature: an individual or another
200 CAPRI ISLES BLVD UNIT		
Florida street address (P.O.	Box NOT acceptable)	
VENICE	<u>FL</u> 34292	
City	Zip	
Having been named as registered agent and to 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 the obligations of my position as reg	this certificate, I hereby of ty. I further agree to com- performance of my duties	accept the appointment as apply with the provisions of all
me		
Régistered Agent's Signa (CONTINU		1220 520 20 C

Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address:  DEBRA LYNN VALLO  15810 KEY BISCAYNE LANE WESTLAKE, FL 33470		
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<del></del>			
<del></del>			
(Use attachment if necessary)	\$		
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E.V. Other american in the	<u>ن</u> <u>ب</u>		
EV: Other provisions, if any.	- <u>'</u>		
PEOUDED SYCNATURE			
EQUIRED SIGNATURE:			
Wallo Vallo			
Signature of a member or a	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar		
any false information submitted in a docum as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree		
DEBRA LYNN VALLO			
	ed or printed name of signee		

ARTICLE IV-