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Special Instructions	to Filing	Officer:	•	· · · · · ·	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Combico, LLC	
Please Debit FCA000000003 For: 150	
Thank you Seth Neeley	
1-1-1	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 12/27	UCC 1 or 3 File
Name Date Tin	UCC 11 Search
Name Date III	UCC 1! Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

FO: New Filing So Division of Co					
SUBJECT: Combico	LLC				
SUBJECT.	(Name of Res	ulting	g Florida Limit	ed Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this	s matter to:		
Anthony P. Guettler					
	(Contact Person)				
Gould Cooksey Fennel	I				
•	(Firm/Company)				
979 Beachland Blvd.					
	(Address)				
Vero Beach, FL 32963					
((City, State and Zip Code)				
apgcorporate@gouldco	ooksey.com				
E-mail Address: (to b	e used for future annual re	port ii	notifications)		
For further information	on concerning this ma	tter.	please call:		•
Anthony P. Guettler	J		•	. 231-1	100
(Name of Conta	ct Person)	_at () 231-1 (Davi	time Telephone Number)
	·		,		•
	or the following amou a bank located in the			rocess	ed by this office must be payable 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 d Centified Cop		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Add					Address:
New Filing Se Division of C					Filing Section on of Corporations
P.O. Box 632					entre of Tallahassee
Tallahassee, I	FL 32314			24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

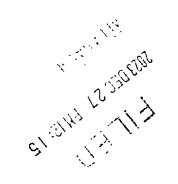
Florida Limited Liability Company

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 Conversion is: Combico, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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 New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
March 7, 2014 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Combico, 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 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	is <u>13th</u>	_ day of <u>December</u>	20 23	
			f Limited Liability Company:	
Signature	of Authoriz	ed Representative: Jor	hn a Combias Title: Manager	
Printed N	ame: John A.	Combias	Title: Manager	
		·		
			ntity: [See below for required signature(s	
Signature	. John A	Combias	Title: Manager	
Printed N	ame: John A.	Combias	Title: Manager	
Signature	<u> </u>		Title:	
Printed N	ame:		I itle:	
Signature	:			
Printed N	ame:		Title:	
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Signature	:		Title:	
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Sinnature				
Printed N	ame:	•••	Title:	
	a Corporatio			
		i, Vice Chairman, Direct	tor, or Officer. I, an Incorporator must sign.	
II DIIÇCIC	or officer	s have not occur sciented	a. an memporator must sign.	
		artner <u>ship or Limited I</u>	Liability Partnership:	
Signature	of one Gene	ral Partner.		
If Florid	a Limited Pa	ertnership or Limited I	Liability Limited Partnership:	
		neral Partners.	Blading Samed Carterings	
C				
All other				
Signature	e of an author	ized person.		
Fees:				
Λ	crticles of Co	onversion:	\$25.00	
F	ees for Flori	da Articles of Organiza	ation: \$125.00	
	ertified Cop	•	\$30.00 (Optional)	
C	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:

(Must contain the words "Limit	ted Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - 4	Address:	
		of the principal office of the Limited Liability Company is:
Principal Office	e Address:	Mailing Address:
1475 Gulf Shore I	Blvd. S.	1475 Gulf Shore Blvd. S.
Naples, FL 34102	2	Naples, FL 34102
The Limited Liability		gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and th	ie Florida street address	s of the registered agent are:
	John A. Combias	
		Name
	1475 Gulf Shore Blvd	f. S.
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
	Naples	FL 34102
	City	Zip
liability cor registered age statutes relat	mpany at the place designt and agree to act in the ting to the proper and coolingations of my positions.	nt and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S
	John	e a Combias
	Registered Ager	nt's Signature (REQUIRED)
	(Co	ONTINUED)

ARTICLE IV- The name and address of each person aut Company:	horized to manage and control the Limited Liability
Title:	Name and Address:

"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	
MGR	John A. Combias
mort	1475 Gulf Shore Blvd. S.
	Naples, FL 34102
	
-	
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
•	
	771 - 771
REQUIRED SIGNATURE:	
Joh	n a Combias
0	
	n authorized representative of a member

as provided for in s.817.155, F.S.

John A. Combias

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)