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	(Requestor's Name)	
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	(City/State/Zip/Phon	e #)
PICK-UF	P WAIT	MAIL MAIL
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Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	
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COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Madsen	Isles, LLC				
50mEe1	(Name of Re	sulting Florida I	imited Co	nipany')	
				nd fees are submitted to convert a accordance with s. 605.1045, F.S.	
Please return all corr	espondence concernin	g this matter	to:		
Connie Minisci					
	(Contact Person)				
Madsen Isles, LLLP					
	(Firm/Company)				
1211 N. Westshore Av	venue, Suite 306				
	(Address)				
Tampa, FL 33607					
((City, State and Zip Code)				
Connie@modcapgroup	p.com				
E-mail Address: (to b	e used for future annual re	port notification	s)		
For further information	on concerning this ma	tter, please ca	ll:		
Connie Minisci		_at (չ515-	6487	
(Name of Conta	ct Person)	(Area Co	de) (Day	rtime Telephone Number)	
	or the following amout a bank located in the S155.00 Filing Fees and Certificate of Status		ing Fees	Sed by this office must be payable S185.00 Filing Fees, Certified Copy, and Certificate of Status	e in US
of Organization) <u>Mailing Addr</u>	·per·		Stree	t Address:	
New Filing So				Filing Section	
Division of C	-			ion of Corporations	67
P.O. Box 632				Centre of Tallahassee	55
Tallahassee, F	°L 32314			N. Monroe Street, Suite 810 nassee, FL 32303	2828 Euro 20

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: Madsen Isles, LLLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Limited Partnership (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)
(Enter state, or if a non-U.S. entity, the name of the country)
08/13/2021 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Madsen Isles, 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	IS:
Madsen Isles, LLC	
(Must contain the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1211 N. Westshore Blvd. Suite 306	1211 N. Westshore Blvd. Suite 306
Tampa, FL 33607	Tampa, FL 33607
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Steven A. Rogai	
Na	me
1211 N. Westshore Blvd. S	uite 306
Florida street address (P	O. Box NOT acceptable)
Tampa	FL
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as facity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
(CONT	INUED)
	- (.s
	(N) (C)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Modern Capital Development Group, Inc.
	1211 N. Westshore Blvd. Suite 306
	Tampa, FL 33607
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree fo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Steven A. Rogal, President of Moder	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for Capital Development Group, Inc.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Steven A. Rogai, President of Moder	with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree for Capital Development Group, Inc. ped or printed name of signee
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Steven A. Rogai, President of Moder Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for Capital Development Group, Inc. ped or printed name of signee Filing Fees
Signature of a member or This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Steven A. Rogai, President of Moder Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for Capital Development Group, Inc. ped or printed name of signee Filing Fees of Organization and Designation of Registered