L24000020167

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
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

TO: New Filing So Division of C					
SUBJECT: SABM.	LLC				
<u></u>	(Name of Res	sulting Florida Limi	ed Con	ipany)	
				d fees are submitted to converceordance with s. 605.1045, F	
Please return all corre	espondence concernin	g this matter to:			
Ann Allcock					
	(Contact Person)		-		
SABM, LLC					
	(Firm Company)		-		
3424 Saint Croix Ct					
····	(Address)	•	_		
Punta Gorda, FL 339	50				
((City, State and Zip Code)		-		
ann.allcock@gmail.co	om				
E-mail Address: (to b	oc used for future annual re	port notifications)	•		
For further informati	on concerning this ma	tter, please call:			
Ann Allcock		240	, 994-	7114	
(Name of Conta	nct Person)	at (at (at Codeat (at Codeat (at Codeat (at Codeat Codeat (at (at (_at (_at (_at (_at (_a	_)) (Day	rtime Telephone Number)	
	for the following amou a bank located in the	ınt: (All checks ¡		sed by this office must be paya	able in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180,00 Filing and Certified Co		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing S				Filing Section	
Division of C P.O. Box 632				ion of Corporations 5 Centre of Tallahassee 1	(5) (5) (5)
Tallahassee,				N. Monroe Street, Suite 810	-
			Tallal	hassee, FL 32303	100
					=
INHS11 (7-17)				•	ζO

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SABM, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
09/02/2015
(date of organization, formation or incorporation)
SABM, LLC (Enter Name of Florida Limited Liability Company)
Date of filing 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 this 17 day of August	_ 20 _23
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	n Allevek
Printed Name: Ann Allcock	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
or Man Allacet	
Signature: Ann Allcock Printed Name: Ann Allcock	Titla: Member
Printed Name. Ann Allcock	Tide. Memoer
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	litte:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator musi sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
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

	ONGANIZATION FOR	C FLORIDA LE	MITED LIA	BILITI COMI ANI
ARTICLE I - Na The name of the I	ime: Limited Liability Compan	y is:		
SABM, LLC				
(N	Aust contain the words "Limited Li	ability Company, "L.I.	.C.," or "LLC.")	
ARTICLE II - A The mailing addre	ddress: ess and street address of th	ne principal office	of the Limit	ted Liability Company is:
Principal Office	Address:	Mailing A	<u>ddress:</u>	
3424 Saint Croix 0	Ct Ct	3424 Saint	Croix Ct	
Punta Gorda, FL 3			a, FL 33950	
(The Limited Liability) business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.) Florida street address of AnnCo, LLC	Registered Agent, You	must designate a	
	· ·	variic		
	3424 Saint Croix Ct			
	Florida street address ((P.O. Box <u>NOT</u> a	cceptable)	
	Punta Gorda	FL 33950)	
	City		Zip	
liability com registered agen statutes relati	pany at the place designate t and agree to act in this cange to the proper and composition a bligations of my position a Registered Agent's	ed in this certifica upacity. I further lete performance o is registered agent	te, I hereby a agree to com of my duties, o t as provided	ply with the provisions of all and I am familiar with and

4	RTI	CI	C	137
	K I I		•	1 V -

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	rr
"MGR" = Manager	A All I.
MGR	Ann Allcock
	3424 Saint Croix Ct
	Punta Gorda, FL 33950
MOD	2424 Calat Cash, Ct
MGR	3424 Saint Croix Ct Punta Gorda, FL 33950
	Fullid Golda, FL 33930
	
(Use attachment if necessary)	
(One undermitten is necessary)	
LE V: Other provisions, if any.	
Signature of a memb This document is executed in account any false information submitted in	er or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aw a document to the Department of State constitutes a third degre
REQUIRED SIGNATURE: Ann Signature of a memb This document is executed in acce	
Signature of a memb This document is executed in according false information submitted in as provided for in s.817.155, F.S.	er or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes, I am aw a document to the Department of State constitutes a third degree.
REQUIRED SIGNATURE: Signature of a memb This document is executed in according false information submitted in as provided for in s.817.155, F.S. Ann Allcock	er or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes, I am aw a document to the Department of State constitutes a third degree Typed or printed name of signee Filing Fees
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Signature of a memb This document is executed in according false information submitted in as provided for in s.817.155, F.S. Ann Allcock \$125.00 Filing Fee for Art	er or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aw a document to the Department of State constitutes a third degree Typed or printed name of signee Filing Fees icles of Organization and Designation of Register
Signature of a memb This document is executed in according false information submitted in as provided for in s.817.155, F.S. Ann Allcock \$125.00 Filing Fee for Art	er or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aw a document to the Department of State constitutes a third degree Typed or printed name of signee Filing Fees icles of Organization and Designation of Register

OF SABM, L.L.C.

(a Maryland Limited Liability Company)

I, Ann Allcock, being at least eighteen years of age, and residing at 21304 Birdie Lane, Laytonsville, MD 20882 do hereby form a Limited Liability Company under the Laws of the State of Maryland in accordance with Md. Ann. Code, Corporations & Associations, § 4A-201, et seq.

FIRST: The name of the limited liability company ("Company") is:

SABM, L.L.C.

SECOND: The Company shall have a perpetual existence.

THIRD: The purposes for which the Company is formed are, as follows:

- a. To invest in, acquire, maintain, manage, lease, purchase and sell real properties, of all forms, whether commercial, industrial or residential;
- b. To acquire and maintain such books, documents, equipment, supplies, and physical plant facilities as may be advisable or appropriate for carrying on the aforementioned activities:
- c. To do anything permitted by the Md. Ann. Code, Corporations and Associations Article, or by other law, rule or regulation;
- d. To carry on any of the businesses herein enumerated for itself, or for the account of others, or through others for its own account, and for carry on any other business which may be deemed by it to be calculated, directly or indirectly, to effectuate or facilitate the business of the Company, or to enhance the value of its property or rights;
- e. The aforesaid enumeration of the purposes, objects and businesses of the Company is made in furtherance of, and not in limitation of the powers conferred upon the Company by law, and is not intended to limit or restrict any of the powers of the Company.

FOURTH: The post office address of the principal office of the Company in this State is 21304 Birdie Lane, Laytonsville, MD 20882. The resident agent of the Company is Ann Allcock, and she resides at 21304 Birdie Lane, Laytonsville, MD 20882.

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FIFTH: The authority of the members of the Company to act for the Company solely by virtue of their being members is limited.

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged the same to be our act on this $\frac{1}{2}$ day of $\frac{1}{2}$ $\frac{1}{2}$, 2015.

Ann Allcock
