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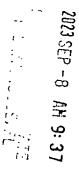
(Requestor's Name)
(Address)
(1.00.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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# **COVER LETTER**

10:	Division of Co				
~		STANL	in D	EVELO PMENT	LLC
SUBJ	ECT:		ulting Florida Lim	ited Company)	_
				tion, and fees are submitted to y" in accordance with s. 605.	
Pleasc	return all corre	espondence concerning	g this matter to:		
		W SM		_	
	SIAI	(Contact Person)  LER DEV  (Firm/Company)  SIST 57	ELOPMET	IT LIC	
	1260		7EC 50	U177	
	St P1	(Address)  TYSB 125  City, State and Zip Code)	, A 3	33707	
	john@	Stadledo	J. com	_	
E-n	nail Address: (to be	e used for future annual rep	oort notifications)		
		on concerning this mat	-		
<u>.79</u>	ITM W	SMOLLYL	_at ( <u>305</u>	298-1916 (Daytime Telephone Number)	_
	(Name of Contact	et Person)	(Area Code	e) (Daytime Telephone Number)	
		or the following amou a bank located in the U		processed by this office must	be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		
	Mailing Addr New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	2023 SEP -8 AF

### **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:
(Enter Name of Other Business Entity)
(Enter Plante of Other Dustitess Entity)
2. The "Other Business Entity" is a CORFORATION PROUNTED
(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)
on 4/11/2-3 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{9/180/2.3}{}$ .
(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 5 11+ day of SEONS	NJER 20 23.
Signature of Authorized Representativ	e of Limited Liability Company:
Signature of Authorized Representative Printed Name: 37110 W 374	Sitmul Lierest Dion Title: PAESIDEN.
Signature(s) on behalf of Other Busines	<u>s Entity:</u>  See below for required signature(s)
Signature: At hu 1/2 /	DLEN Title: DRESDENT
Printed Name: 10 HN W 3 YF	DLEN_Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Til
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been selected.	
If Florida General Partnership or Limit Signature of one General Partner.	ed Liability Partnership:
If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners.	ed Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 2023 SEP -8 AM 9: 3:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
STADLER DENTROPMENT LLC
(Must contain the words "Limited Liability 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:
1280 81 ST SPUNT 1280 8155 ST SOUT ST PETENSBURY F2 3 3701 ST PETENSBURY, F2 33
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
JUHN W. SIMPLEM
Name
1280 SIST SMEET SOUTH
Florida street address (P.O. Box NOT acceptable)
ST PETENTSIANG FL FL
ST PETENNIANG FL FL Zip 337-7
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED)
(CONTINUED)

Α	D	TI	CL	F	IV	_
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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:	
Work Wanager		
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This document is executed in accordance of any false information submitted in a document of the second of the seco		
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(Use attachment if necessary)		
		20.
FOW Other conditions 16 cm	ı	33
LE V: Other provisions, if any.		2023 SEP
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RECOLRED SIGNATURE.	<del></del>	္ကို ယူ
>//mick	all	
Signature of a member or a	an authorized representative of a membe	er
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am	aware that
any false information submitted in a docum	nent to the Department of State constitutes a third do	egree felony
as provided for in s.817.155, F.S.	SNANIEN	
TO MO W	ped or printed name of signee	
Tyr	ped or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)