# L24000065076

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



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### **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 Con	version is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Dom estic Linited Linbility Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business.	isiness trust, etc.
First organized, formed or incorporated under the laws of law, 1 USA  (Enter state, or if a non-U.S. entity, the name of the	e county)
on MARCH 18, 2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O	rganization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: JAN 16, 2024 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendate 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 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 to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	he amount to
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Signed this \( \frac{\fin}}}}{\fint}}}}}}}}{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra	20 24	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	Title: mensher	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Mr. A		
Signature:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		ra La
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	28 Jan 16

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
THE GA (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16096 LAKELAND Drive BASCOCK BANCH, Floriday 33982	DASCOCK PANCH, Florida 33982
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
DAVONSHE GAL.	'more
Name	
Florida street address (P.O. I	
Bascock RANCH City	FL 33982 Zip
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
1, le h	202
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	ED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager  DANNETT CON MOY  M OF	DADONSHE BALLMORE 16696 LAKELAND Drive BABCOCK RANCH FL 33982
(Use attachment if necessary)	· · ·
(Use attachment if necessary)  LE V: Other provisions, if any.	·
•	
•	
•	
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware nent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware