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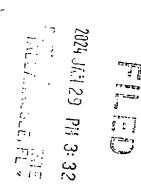
(Decuested News)
(Requestor's Name)
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(A)(1,)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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# **COVER LETTER**

TO:	New Filing Se Division of C						
		-					
SUBJ	ECT: ////	Family Investments LLC (Name of Res	ulting	Florida Lim	ited Co	mpany)	<b></b>
				_		nd fees are submitted to accordance with s. 605.1	
Please	e return all corre	espondence concerning	g this	matter to:			
Rober	t P Anastasi						
		(Contact Person)		,	_		
Anasta	asi Family Invest	ments LLC					
		(Firm/Company)			<u> </u>		
55 Ce	ntral Sq Box 477	6					
	<u> </u>	(Address)			_		
Santa	Rosa Beach FL	•					
					_		
hah ai		City, State and Zip Code)					
	nastasi1@gmail.						
n-n	naii Address: (to b	e used for future annual re	роп п	ourications)			
For fu	ırther informati	on concerning this mat	iter, j	olease call:			
Rober	t P Anastasi		at (	404	307	-0431	
	(Name of Conta	ct Person)	`	(Area Code	:) (Da	sytime Telephone Number)	-
		or the following amou a bank located in the	•		proces	ssed by this office must t	pe payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles anization)	\$155.00 Filing Fees and Certificate of Status		180,00 Filin Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	<i></i>
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations			New Divi	et Address: Filing Section sion of Corporations Centre of Tallahassee	2024 JAN 29

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### **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: Anastasi Family Investments LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [LLC] (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Georgia
(Enter state, or if a non-U.S. entity, the name of the country)
January 2, 2008 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Anastasi Family Investments 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 this 23 day of JANUARY	2024
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative: 16 Printed Name: Robert P Anastasi	Title: General Partner
Signature(s) on behalf of Other Business Entit	
Signature: Alan W. Arrastasi	
Printed Name: Dean W Anastasi	Title: General Partner
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	True.
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 124 J.S.Y 29 PA

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con-	apany is:
Anastasi Family Investments LLC	
(Must contain the words "Limi	ted 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:
55 Central Sq.	PO Box 4776
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459
	•
Robert P Ar	nastasi
***	Name

Name	
55 Central Sq	
Florida street address (P.O. Box 1	NOT acceptable)
Santa Rosa Beach	32459
Cirv	Zip

Having been named as registered agent and to accept service of process for the above stated limited 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 all 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)

A	D	T	I	1 1	C	I	٦,	7_

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	Debut D Assides
MGR	Robert P Anastasi
	55 Central Sq
	Santa Rosa Beach, FL 32459
AMBR	Dean W Anastasi
<del>-</del>	55 Central Sq
	Santa Rosa Beach, FL 32459
	<u> </u>
	<u> </u>
(Use attachment if necessary)	F
(Use attachment if necessary)	
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(Use attachment if necessary)  LE V: Other provisions, if any.	F.
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a document.	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	or an authorized representative of a member ace with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member are with section 605.0203 (1) (b), Florida Statutes. I am aware to cument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member ace with section 605.0203 (1) (b), Florida Statutes. I am aware t