L24000008166

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



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Playas, LLC			
	Resulting Florida Li	nited Co	mpany)
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited			nd fees are submitted to convert an "Other recordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to):	
Steven Murphy			
(Contact Person)	711	 -	
(Firm/Company)		<u> </u>	
12176 Ampersand Dr.			
(Address)			
Orlando, FL 32832			
(City, State and Zip Code	;)		
steven_murphy@outlook.com			
E-mail Address: (to be used for future annual	report notifications	<u> </u>	
For further information concerning this r	natter, please cal	:	
Steven Murphy	 ພາ (, 651-	4968
(Name of Contact Person)	(Area Coc	le) (Da	ytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the		proces	sed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	s S180.00 Filin and Certified C		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations		New	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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: Playas Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S-Corporation (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)
7/03/2015 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: Playas, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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 along of a managed at least the state of the state

- 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 5th day of February	20
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	4 11. 1/4/3/
Printed Name: Steven Murphy	Title Prochan
t timed tvame. Otoven waspriy	Title: Frestoek
Signature(s) on behalf of Other Business Entity:	
Signature: Mery Murphy Printed Name: Mery Murphy	
Printed Name: Mery Murphy	Title: Director
Signature:	
Signature: Printed Name:	Title:
Signature:	733.4
Printed Name:	Little:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	005
If Directors or Officers have not been selected, an In	
Traceway or Officers have not been selected, an in	corporator must 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 ALL General Partners.	
All others	
All others: Signature of an authorized person.	
orginature or 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)

Y

FLORIDA LIMITED LIABILITY COMPAN
is:
hility Company, "L.E.C.," or "LEC.")
principal office of the Limited Liability Compan
Mailing Address:
12176 Ampersand Dr.
Orlando, FL 32832
red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
me

.O. Box <u>NOT</u> acceptable)
FL 32832
Zip

is:

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stanutes 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)

ARTICLE IV-

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 AMBR	Charles March
AWDK	Steven Murphy
	12176 Ampersand Dr.
	Orlando, FL 32832
MGR	Mery Murphy
	12176 Ampresand Dr.
	Orlando, FL 32832
(Use attachment if necessary)	
· ·	
LE V: Other provisions, if any.	
DECHIDED SIGNATURE	1
REQUIRED SIGNATURE:	!/
	' V3/ V
	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware that
 any talse information submitted in a docur 	ment to the Department of State constitutes a third degree felor
as provided for in s.817.155, F.S.	•
Steven Murphy	
	ped or printed name of signee
. 21	para to

Filing Fees

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