C24000 136410

(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:

Office Use Only



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ERIO EMINA



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date: 03/	/22/2024	
Name:	CHRIS	
Reference #:	2303714	
Entity Name:		JJS III, LLC
✓ Articles of	f Incorporation/Authori	ization to Transact Business
Amendme	ent	
Change o	f Agent	
Reinstate	ment	
✓ Conversion	n	
Merger		
Dissolutio	n/Withdrawal	
Fictitious	Name	
✓ Other	RETAIN ORIG	GINAL SUBMISSION DATE OF 3/20/2024
Authorized Amou	unt: \$150.00	0
Signature:	Chald.	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

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Authorized Amou	int: \$150.0	200	
Signature:	(the fact		

F: +852.2682.9790

COVER LETTER

TO:	New Filing S Division of C							
SUBI	JECT:		JJS	III, LLC				
1,01,,		(Name of Re	sulting I	lorida Limit	ed Cor	npany)	•	
						nd fees are submitted to c ecordance with s. 605.10		
Please	return all corr	espondence concernin	g this :	matter to:				
		Nathan T. Johns						
		(Contact Person)						
	Me	endenFreiman, LLP			_			
		(Firm/Company)						
_	5565 Glenrid	lge Connector NE, S	uite 1	000	_			
		(Address)						
	Atla	anta. Georgia 30342						
		City, State and Zip Code)	-					
	-1-	nns@mfcounsel.com						
E-n	nail Address: (to t	ne used for future annual re	port not	ifications)				
For fu	irther informati	on concerning this ma	tter, pl	ease call:				
	Natha	an Johns	at (770)	559-5592		
	(Name of Conta	act Person)	,,,_	(Area Code)	(Day	time Telephone Number)		
		for the following amou a bank located in the			roces	sed by this office must be	e payable in US	
(\$25 fo & \$125	0.00 Filing Fees or Conversion for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing ertified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	810	j

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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" immedi	ately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bu	isiness Entity)
2. The "Other Business Entity" is a	limited liability company
(Enter entity type. Example: corporation, limite	ed partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the lav	vs of
6/20/2022 on	(intermet of the line of the l
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compa JJS III, LLC	any as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited L	liability Company)
4. If not effective on the date of filing, enter the effe (The effective date: Cannot be prior to date of rec	ective date: reipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Dep	partment of State.) cable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acco	rdance with all applicable statutes.
6. The "Converted or Other Business Entity" has agree which such members are entitled under ss. 605.1006	d to pay any members having appraisal rights the amount to

Signed this day of February	20	24				
Signature of Authorized Representative of Lin	mited Liabi	lity_Company	<u>:</u>			
Signature of Authorized Representative: Printed Name: Naman T Johns	Title:	Organ	nizer			
Signature(s) on behalf of Other Business Entity:	See below	for required :	signature(s)]			
Signature: Nathan T Johns		·		_		
				_		
Signature: Printed Name:	Title:			- -		
Signature:Printed Name:	Title:			-		
Signature:Printed Name:	Title:			-		
Signature: Printed Name:	Title:			- -		
Signature:Printed Name:	Title:			- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an I	г Officer. ncorporator	must sign.				
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partner	ship:		<i>8.5</i> 4	;	
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited	Partnership:			j	(T
All others: Signature of an authorized person.					<u>ਂ</u>	
Fees:				<u>. </u>	,	\bigcup
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (0 \$5.00 (O	•		/-i _		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
JJS III,	LLC
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2506 Coral Court	2506 Coral Court
Indian Rocks Beach, Flordida 33785	Indian Rocks Beach, Florida 3376
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
COGENCY	GLOBAL INC.
Na	nie
115 North Calho	un Street, Suite 4
Florida street address (P.	O. Roy NOT accountable)

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.

/s/ Ken Howell, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Tallahassee City

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR _ Manager	Joseph Skruck
AMBR	Joseph Skruck
(Use attachment if necessary)	
LE V: Other provisions, if any,	

REQUIRED SIGNATŰRÉ

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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nathan T. Johns

Typed or printed name of signee

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)