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T. MATTHEWS APR - 1 2024



#### **COVER LETTER**

TO:	New Filing S Division of G					
SUB.	IECT:	SAMPSON AVE	NUE	PROPE	RTIES	S, LLC
		(Name of Re	sulting l	Florida Lim	ited Com	pany)
						d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Pleas	e return all cor	respondence concernin	g this	matter to:		
	HOLLY I	DAILEY				
		(Contact Person)	<del></del> -	·	_	
	TAXSAVI	ERS				
		(Firm/Company)			_	
130	00 ENTERPI	RISE DR SUITE A				
		(Address)			_	
PC	RT CHARL	OTTE, FL 33953				
		(City, State and Zip Code)			_	
Sã	ampsonprop(	@gmail.com				
E-	mail Address: (to	be used for future annual re	port no	tifications)	_	
For fi	urther informat	ion concerning this ma	tter. p	lease call:		
H	OLLY DAIL	EY	at (_	941	) 62	25-1925
	(Name of Con	tact Person)		(Area Code	(Day	time Telephone Number)
		for the following amount a bank located in the			process	ed by this office must be payable in US
(\$25 f & \$12		□\$155.00 Filing Fees and Certificate of Status		80.00 Filin Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add					Address:
	New Filing 9  Division of 0	Section Corporations				Filing Section on of Corporations
	P.O. Box 63	•				entre of Tallahassee
	Tallahassee,	FL 32314				N. Monroe Street, Suite 810

Tallahassee, FL 32303

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#### 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" immediately prior SAMPSON AVENUE PROPERTIE	
(Enter Name of Other Business Entit	
2. The "Other Business Entity" is a FOREIC (Enter entity type. Example: corporation, limited partnershi	GN LLC  ip, general partnership, common law or business trust, etc.)
inst organized, formed or mediporated under the laws or	CALIFORNIA nate, or if a non-U.S. entity, the name of the country)
on09/16/2005 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set (	forth in the attached Articles of Organization:
SAMPSON AVENUE PROPERTIES, L	LC
(Enter Name of Florida Limited Liability Con	npany)
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or fil the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statuto	of State.)
document's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance wi	th all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay a	

- which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 29TH day of JANUARY	_ 20 24
Signature of Authorized Representative of Limi	
Signature of Authorized Depresentative.	n Agan
Signature of Authorized Representative: Number of Authorized Representative: Printed Name: STEVEN AGAN	Title: AMBR
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Sterren Dann	
Signature: Printed Name: STEVEN AGAN	Title: AMBR
D O a see	_ Title:
Signature: Pong Agan Printed Name: PONG AGAN	
Printed Name: PONG AGAN	Title:AMBR
Simmer Olan Agan	
Signature: Olan Ogan Printed Name: ALAN ÁGAN	Title: MGR
Signature:Printed Name:	7.1
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
Simpture	
Signature: Printed Name:	Title
If Florida Corporation:	0.02
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc	
if Directors of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership
Signatures of <u>ALL</u> General Partners.	· Lameter attactsmp.
<del></del>	
All others: Signature of 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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	SECHETARY OF STATE TALLAHASSEE, FL					
SAMPSON AVENUE	PROPERTIES, LLC					
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
1525 SYKES CREEK DR MERRITT ISLAND, FL 32953	1525 SYKES CREEK DR MERRITT ISLAND, FL 32953					
(The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)  The name and the Florida street address of the registration.	egistered agent are:					
	STEVEN AGAN					
Name	Name					
1525 SYKES CR	EEK DR					
Florida street address (P.O. B	ox <u>NOT</u> acceptable)					
MERRITT ISLAND. I	FL 32953					
<u>MERRITT ISLAND, I</u> City	F <u>L 32953</u> Zip					
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and tistered agent as provided for in Chapter 605, F.S					
Steven Ag	zan					
Registered Agent's Sign	ature (REQUIRED)					

(CONTINUED)

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	STEVEN AGAN
	1525 SYKES CREEK DR
	MERRITT ISLAND, FL 32953
AMBR	PONG AGAN
HIVE	1525 SYKES CREEK DR
	MERRITT ISLAND, FL 32953
MGR	ALAN AGAN
···Git	1232 HARVARD ST UNIT 7
	SANTA MONICA, CA 90404
	****
(Use attachment if necessary)	

#### REQUIRED SIGNATURE:

Steven Agan

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.

STEVEN AGAN

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)