L24000156483

(Requestor's Name)
(Address)
(*1831.883)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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 Thou Painted Maypole LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	iw or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the nar	me of the country)
03/01/2021 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Organization:
Thou Painted Maypole 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 c	alendar days after
the date this document is filed by the Florida Department of State.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	rights the amount to
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	<u></u>
	:
	ű.

Signed this 14th day of March	20_24	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Jennifer Christa Palmer	Title: Manager	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature:		_
Printed Name: Jennifer Christa Palmer	Title: Manager	_
Signature:Printed Name:	Title:	-
Signature:Printed Name:	_ Title:	<u>.</u>
Signature:Printed Name:		
Signature:Printed Name:		-
Signature:		
Printed Name:		- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		7024
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	10
Certificate of Status.	Jose (Optional)	_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
Thou Painted Maypole LLC		
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
11560 Citra Cir Apt 304	11560 Citra Cir Apt 304	
Nindermere FL 34786	Windermere FL 34786	
business entity with an active Florida registration.) The name and the Florida street address of the Jennifer Christa Palmer		
Nam	e	
11560 Citra Cir Apt 304		
Florida street address (P.C). Box <u>NOT</u> acceptable)	
Windermere	FL ³⁴⁷⁸⁶	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby a city. I further agree to com performance of my duties,	nccept the appointment as ply with the provisions of all and I am familiar with and
1/2		
Registered Agent's Sign	nature (REQUIRED)	<u>.</u>
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CONTIN	HIPP)	

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jennifer Christa Palmer
	11560 Citra Cir Apt 304 Windermere FL 34786
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	つ
	r an authorized representative of a member
I his document is executed in accordance	re with section 605.0203 (1) (b), Florida Statutes. I am aware th tument to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	innent to the Department of State constitutes a time degree relo
•	
Jennifer Christa Palmer	
T	yped 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)