# L24000161544

(Rec	questor's Name)	
(Address)		
(Add	dress)	
(City	//State/Zip/Phone	e #)
, ,	,	·
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
,000	outhent Humber)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





800423943638

02/14/24--01021--002 \*\*155.00

2024 FEL 14 mil 12: 35



#### 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.

Th		Florida
1. The name of the "Other Business Entity" immediately prior to the filing of the Arti SAND SHERRY MILER, LL C (Enter Name of Other Paris		
S AND SHERRY WILLER, LL C  (Enter Name of Other Business Entity)  2. The "Other Pusi		
SHERRY 11 11 In to the filing of the Arti	cles o	f Conversi
(Enter Name of Other Day LL C	v. 00 0	Conversion is:
O The Business Entity)	<del></del> ·	
2. The "Other Business Entity" is a LLC		
(Enter entire) is a L _ C	<del>-</del>	
(enter entity type. Example: corporation limited	7	20:
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common First organized, formed or incorporated under the laws of Kentucky (Enter state, or if a non-U.S. entity, the data of the laws		
rust organized, formed or incorporated	ion law	or business trust, etc.)
interpolated under the laws of		(c)
(Finter man) 4 C KY		
on FFR 1 2	e name	- F41
2006	- HOTTIE	or the country)
on FEB, 1, 2006  (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, th		<u>.</u>
of meorporation)	-: -:	$\overline{c}$
3. The name of the Fig. 1.		(.)
Limited Liability Company		<b>3</b> 6
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	-1	
SAND SHEDON I	cies of	Organization.
THERY MILLER III		0 ==0.011,
(Enter Name of Florida Limited Liability Company)  4. If not effective on the distance of Florida Limited Liability Company)		
4 If not the company)		
4. If not effective on the date of filing, enter the effective date:		
The effective date: Cannot be iming, enter the effective date:		
TIP MOTA + Li_ 3		
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 locument is filed by the Florida Department of State.)	calon	d
locument's are this eried in this block does not meet the	Calell	dar days after
settlective date on the Department of Seed applicable statutory filing requirement of Seed and Seed are statutory filing requirement of Seed are statutory filing requirement of Seed and Seed are statutory filing requirement of Seed are statutory filing		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of State.)  In the date inserted in this block does not meet the applicable statutory filing requirements, this date of the plan of comments.	⊮ill not	be listed as the
. The plan of conversion has a		
The plan of conversion has been approved in accordance with all applicable statutes.	3	r\3
The "C	-	202 <b>4</b> EEC
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.		-25% 
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.		<u>L4.,</u>
are entitled under ss. 605,1006 and 605,1001 for naving appraisal	rights	the amount.
and 003.1061-605.1072, F.S.		me amount to
· ·		•
		7
	<b>.</b>	<del>17-</del>
·	- '	12.
	~	ယ
		2

Signed this day of FEB .	_20 <u>24</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:  Printed Name: 5 Am M, // c a	Mille: MENBERGENEUA) PARTHER
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)]
Signature: SMiller Printed Name: SAM M. Her	Title: GENERAL PARTOER
Signature:Printed Name:	
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, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	2024 Fts
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	COMPANY
The name of the Limit trans	
The name of the Limited Liability Company is:	
r y .c.	
- JAND SHERRY L. II	
(Must contain the word to Man I C	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
**************************************	
The mailing add	
address and street address of the principal acc	
The mailing address and street address of the principal office of the Limited Principal Office Address:	Liability Composition
Principal Office Address:	company is:
PhNIA GONDA F) 33982	
Phata Con Ca	
GORDA F	<del></del> -
33982	_ <del></del>
A Dome -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agen (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ind business entity with an active Florida registration.)	<del></del>
The Limited Liability Company cannot seems, Registered Office, & Registered A	
business entity with an active Florida registration Neglistered Agent. You must designed	t's Signature:
	ividual or another
The name and the Florida street address of the registered agent are:	
addiess of the registered agent and	
Secret agent are:	
Solution of agent are:	
- SAM Willen	
- SAM Willen	
- SAM Willen	ž.
- SAM Willen	202 <b>4</b>
- SAM Willen	2024 F.
- SAM Willen	2024 F E 0
- SAM Willen	2024 FLO 11
- SAM Willen	2024 FLO 14
- SAM Willen	2024 FLO 14 in
Name  4080 Iola AVE  Florida street address (P.O. Box NOT acceptable)  PUNTA GONDA FL 33982  City 7in	2024 FLO 14 A 1
Name  4080 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 33982  City Zip  Having been named as	2024 FLO 14 in 12:
Name  4080 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 3398 2  City Zip  Having been named as registered agent and to accept service of pure significant and to accept service significant and to a	2024 FLO 14 in 12: 39
Name  4080 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gond FL 33982  City Zip  Having been named as registered agent and to accept service of process for the registered agent and accept agent and accept service of process for the registered agent and accept agent agent and accept agent agent agent and accept agent	2024 FLo 14 in 12: 3 granted limited
Name  4080 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gona FL 33982  City Zip  Having been named as registered agent and to accept service of process for the registered agent and agent agent and agent ag	e above stated limited the appointment as
Name  480 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 3398 Z  City Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to complete statutes relating to the process for the statutes relating to the process.	the appointment as
Name  480 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 3398 Z  City Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to complete statutes relating to the process for the statutes relating to the process.	the appointment as
Name  480 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 3398 Z  City Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to complete statutes relating to the process for the statutes relating to the process.	the appointment as
Name  4080 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gond FL 33982  City Zip  Having been named as registered agent and to accept service of process for the registered agent and accept agent and accept service of process for the registered agent and accept agent agent and accept agent agent agent and accept agent	the appointment as
Name  Hoso Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 3398 Z  City Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to complete statutes relating to the process for the statutes relating to the process.	the appointment as
Name  480 Iola AVE  Florida street address (P.O. Box NOT acceptable)  PUNTA GOLDA FL 33982  City Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in Capacity.	the appointment as
Name  480 Iola AVE  Florida street address (P.O. Box NOT acceptable)  Punta Gonoa FL 3398 Z  City Zip  Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to complete statutes relating to the process for the statutes relating to the process.	the appointment as

(CONTINUED)

#### 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  Am MGR	SAM Millen 4080 TOLA AVE. PUNTA GORDA, Fl. 33982
AMBR	SHERRY MILLER 4080 IOIA AVE PUNTA GORDA, Fl. 33982
AMBR	Michelle HOWARD PO BOX 78  SALYERSVILLE, KY. 41445
AMBR	STEVE Millen 21044 NOWELL AVE. PORT CHARLOTTE, FL. 33954
(Use attachment if necessary)	2024 5
ARTICLE V: Other provisions, if any.	1824 FED 14
	. 5
REQUIRED SIGNATURE:	[2: 35
This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S.	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that the to the Department of State constitutes a third degree felony
SAM Mills	R
Туре	ed 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)