L2400197854

(Requestor's Name)		
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	<u>,</u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		

Office Use Only



300428382993

04/23/24--01034--020 **155.00

FILED

7"", APR 23 PH T: PI

STORET : 15 STATE

T.J.H 5/2/24

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: BiCoastal Building Group, LL	С		
	Resulting Florida Limi	ted Company)	_
The enclosed Articles of Conversion, As Business Entity" into a "Florida Limited			
Please return all correspondence concern	ning this matter to:		
Joyce Johnson			
(Contact Person)		-	
(Firm/Company)		_	
3225 McLeod Drive, Suite 100		_	
(Address)	-	_	
Las Vegas, Nevada 89121			
(City, State and Zip Cod	le)	-	
ra@andersonadvisors.com			3
E-mail Address: (to be used for future annua	l report notifications)	-	1PR
For further information concerning this	matter, please call:		m, APR 23
Joyce Johnson	at (706-4741	- TO THE
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following an dollars and drawn on a bank located in t		processed by this office must	t be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status	es \$\Bigsigs \$180.00 \text{ Filing} and Certified Cop		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BiCoastal Building Group, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	pany is:
Principal Office Address: Mailing Address:	
3225 McLeod Dr, Suite 100 3225 McLeod Dr, Suite 100	
Las Vegas, NV 89121 Las Vegas, NV 89121	
The name and the Florida street address of the registered agent are: Anderson Registered Agents, Inc. Name	
625 E. Twiggs Street, Suite 110	
Florida street address (P.O. Box NOT acceptable)	
Tampa FL 33602	
City Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 602	nent as sions of a with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

FILED

7" APR 23 PM 7: PI

E-COREST: F-STATE

T-COREST: F-STATE

T-COR

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Devial Dalleage	
MGR	Daniel Bolkema	
	3225 McLeod Dr, Suite 100	
	Las Vegas, NV 89121	
MGR	Chad Bayes	
	3225 McLeod Dr, Suite 100	
	Las Vegas, NV 89121	
		•
		·
(Use attachment if necessary)		-10 73
(Ose attachment if necessary)		7mm, APR 23
		PR
CLE V: Other provisions, if any.		````\ <u>``</u> `
		1 2
REQUIRED SIGNATURE:	Law.	•
.DX3 ²	Johnson	

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.

Joyce Johnson

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)

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.

	(Enter Name of Other Business Entity)
2. The "Other Bus	incss Entity" is a
(Enter e	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, for	rmed or incorporated under the laws of
02/01/2024 on	
(date of organizati	on, formation or incorporation)
3. The name of the	e Florida Limited Liability Company as set forth in the attached Articles of Organization:
BiCoastal Building (Group, LLC
	(Enter Name of Florida Limited Liability Company)
	(tillet Name of Charata Elimited Elacinity Company)
(The effective date the date this docu Note: If the date inser	on the date of filing, enter the effective date: e: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ment is filed by the Florida Department of State.) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the late on the Department of State's records.
(The effective date the date this docu Note: If the date inser document's effective of	on the date of filing, enter the effective date: e: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ment is filed by the Florida Department of State.) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 4th day of April	2() 24
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative: All Johnson	v
Signature of Authorized Representative:	Title: Authorized Representitive
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Jun Johann	
Printed Name: Joyce Johnson	Title: Authorized Representitive
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	(m: 1
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	TO 1
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	itu Dantnarchini
Signature of one General Partner.	ty raithership.
Signature of the deficient without	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
1	
<u>Fees:</u>	- 1. J
And the EConomic	\$25.00 \$125.00 \$30.00 (Optional)
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$123.00 (Optional)
Certificate of Status:	\$5.00 (Optional)