# 124W0ZZ1839

<del></del>
(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
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200427619552

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RECEIVED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FGC FISHING TEA	AM, LLC	
Please Debit FCA00	0000003 For: 150	
Thank you Seth Nee	ley	
Staf		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal 😝
		Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy 37
		Cert. Copy
		Photo Copy S
		Certificate of Good Standing from The Control of Good Standing
		Certificate of Status 9
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
1		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	<del>-</del>	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In Nami serie SA Arb	Will Pick Up	Courier

### **COVER LETTER**

	on of C	orporations					
SUBJECT:		FGC I	FISHI	NG TEAM, I	.LC		
5000001		(Name of R	esultir	ng Florida Lir	nited Co	empany)	
The enclosed Business Entire	Article ty" into	s of Conversion, Arti a "Florida Limited I	cles Liabi	of Organiza lity Compa	ition, a ny'' in :	nd fees are submitted to convert an "Oth accordance with s. 605.1045, F.S.	ier
Please return a	all corr	espondence concerni	ng th	is matter to	:		
YAISY LINARE	:S						
		(Contact Person)		<del></del>			
FLORIDA GEN	IERAL	COUNSEL, P.A.					
		(Firm/Company)					
3401 NW 82 A	VENUE	, SUITE 360					
		(Address)					
DORAL, FL 33	122						
	((	City, State and Zip Code)		<u></u>			
YLINARE\$@G	ENERA	ALCOUNSELFL.COM					
E-mail Addre	ss: (to b	e used for future annual r	cport	notifications)	<del></del>	7 P	3
For further inf	ormati	on concerning this ma	atter,	please call	•		e~ X n∈ >=
YAISY LINARE	S		at	(	704	2500	707L KAY 17
(Name o	of Conta	ct Person)	_	(Area Cod	c) (Da	vtime Telephone Number)	- 1.ed
		or the following amo a bank located in the			proces	sed by this office must be payable in Us	
\$150.00 Filing (\$25 for Conversi & \$125 for Articl of Organization)	ion	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filind Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	•
P.O. Bo	ling Son of Cox 632	ection orporations			New Divis The O	Et Address: Filing Section Filing Se	

Tallahassee, FL 32303

INHS11 (7/17)

#### **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 Bu FGC FISHING TEAM, INC.	siness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entity	CORPORATION CORPORATION
(Enter entity type. E.	cample: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inc	orporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
MAY 7, 2024 on	
(date of organization, formation	or incorporation)
FGC FISHING TEAM, LLC	·
(Enter	Name of Florida Limited Liability Company)
	of filing, enter the effective date:  be prior to date of receipt or filed date nor more than 90 calendar days after
	d by the Florida Department of State.) ck does not meet the applicable statutory filing requirements, this date will not be listed as beartment of State's records.
5. The plan of conversion has	9, 1
<ol> <li>The "Converted or Other Bus which such members are enti</li> </ol>	iness Entity" has agreed to pay any members having appraisal rights the amount to tled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 17TH day of MAY	20_ <u>_</u> 24
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: YAISY LINARES	Title: AUTHORIZED REPRESENTATIN
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Krnne	
Printed Name: YAISY LINARES	Title: PRESIDENT
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	av.i
Printed Name:	I Rie:
Signature:	
Printed Name:	Title:
IED 11 C	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Ir	corporator must sign.
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
p-12	
<u>Fees:</u>	
Add a filtration	<b>635</b> 00
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2024 MAY 17 AH 9: 47

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		FGC FISHING TI		<u> </u>		
	(Must contain the wor	ds "Limited Liability	Company, "L.L.C.," or "LLC."	)		
ARTICLE II -	Address:					
The mailing add	lress and street ac	ddress of the pri	ncipal office of the Limi	ited Liability Company is:		
Principal Office Address:			Mailing Address:			
3401 NW 82 AVE	ENUE		3401 NW 82 AVENUE			
SUITE 360			SUITE 360			
DORAL FL 3312	2		DORAL FL 33122			
	FLORIDA GE	NERAL COUNSE Name	L, P.A.	~2		
	0404 NUM 00		200	2021		
		AVENUE SUITE ( et address (P.O.	Box NOT acceptable)			
	DORAL		FI_ 33122	[=   ]_ 2024 MAY 17		
		City	Zip			
liability co registered age statutes relai	mpany at the place nt and agree to a ting to the proper obligations of my	ce designated in the capacity and complete/poposition as region of Agent's Signated Agent's Signated	this certificate, I hereby of the Interest of	i for the above stated limited accept the appointment as appointment as appointment as apply with the provisions of all and I am familiar with and for in Chapter 605, F.S		
		(CONTINU	JED)			

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	VAICYLINADES		
<u>AR</u>	YAISY LINARES 3401 NW 82 AVENUE, SUITE 360		
	DORAL, FL 33122		
	DONAL, 1 E 33122		
(Use attachment if necessary)			
	=		
LE V: Other provisions, if any.			
	1.7		
	<del></del>		
REQUIRED SIGNATURE: (			
REQUIRED SIGNATURE:			
	1 1 (1) (1) (1)		
	1		
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		
any false information submitted in a docu-	ment to the Department of State constitutes a third degree f		

Typed or printed name of signee

<u>Filing Fees</u>

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-