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(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Capies Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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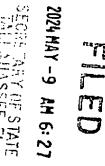
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Waterpark Consulting, LLC	
	tesulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Othe Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:
Michael W. O'Neill	
(Contact Person)	
C/O SUN OUTDOORS	
(Firm/Company)	
87395 OLD HIGHWAY, UNIT #142	
(Address)	
Islamorada, FL. 33036	
(City, State and Zip Code)
mwonsr@gmail.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	natter, please call:
Michael W. O'Neill	(
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)
•	ount: (All checks processed by this office must be payable in US e United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
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, Suite 810

Tallahassee, FL 32303

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.

Waterpark Consulting, LLC
(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 law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Maryland (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
September 15, 2016 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Waterpark Consulting, 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 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day ofMA-\(_20 <u>Z~</u> .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Michael W. O'Neill	Title: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity: S	
Signature: Michael W. O'Neill	Title: MANAGING MEMBER
Signature:Printed Name:	_Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Incompared to the Chairman of t	
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	57 V
All others: Signature of an authorized person.	M 6:27 SEE, FL
Fees:	F; 7

Articles of Conversion: \$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	S:
Waterpark Consulting, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	orincipal office of the Limited Liability Company is:
The maning dualette and street dual 650 of the	simologic office of the Elimica Blacking Company is.
Principal Office Address:	Mailing Address:
SHALOHTDOORS	CLIN CUTDOODS
SUN OUTDOORS 87395 OLD HIGHWAY, UNIT # 142	SUN OUTDOORS
Islamorada, FL 33036	87395 OLD HIGHWAY, UNIT # 142
Islamorada, FL 33030	Islamorada, FL 33036
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
The name and the Francis Street address of the	registered agent are:
Michael W. O'Neill	
Nan	ne since
87395 OLD HIGHWAY, UNI	T#142
Florida street address (P.0	
Islamorada	FL 33036
City	Zip
Having heen named as registered agent and	to accept service of process for the above stated limite

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

À	DTICL	T I	1.7

The 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	Michael W. O'Neill
	87395 OLD HIGHWAY, UNIT # 142
	Islamorada, FL. 33036
(Use attachment if necessary)	
PLOUD No Oder and Street Street	
FICLE V: Other provisions, if any.	
	
	Vi co
REQUIRED SIGNATURE:	
	PA S. O
	Fi 4

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.

Michael W. O'Neill		
	Typed or printed name of signee	
	Filing Fees	