24000247317

(Red	uestor's Name)	
(Add	lress)	
(7.00		
(Add	lress)	
(City	/State/Zip/Phon	e #)
,	•	,
PICK-UP	MAIT	MAIL
	L	···· ···
(Bus	iness Entity Nar	ne)
	ument Number)	-
000)	ament Hamber)	
Certified Copies	Certificates	s of Status
Canada Incompliana da F	Tiller Officer	
Special Instructions to F	ning Onicer.	
		_
	,	MI115124
· ·		

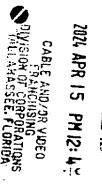
Office Use Only



200423201902

S. CHATHAM JUN - 5 2024

02/13/24--01008--017 **150.00



w24000039568

April 11, 2024

To the Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Tenerife Encounters. Inc. -Document # P22000072979

To whom it may concern,

Please let me know what the next step is to complete the conversion of Tenerife Encounters, Inc to Tenerife Encounters, LLC. I have had the Vice President to sign the form. You have my check for \$150.00.

We would like to continue the process to convert this corporation as soon as possible.

Documents attached-cover letter, conversion forms

Sincerely,

Deborah Thompson, Registered Agent

3150 Bridgeview Drive

Jacksonville, Florida 32216

(904) 472-7528 for Deborah Thompson

(904) 300-7341 for SaBella T. Everett

COVER LETTER

Division of Corporations	
SUBJECT: Tenerife Encounters, LLC	
(Name of Resulting Florida Lin	nited Company)
The enclosed Articles of Conversion, Articles of Organiza Business Entity" into a "Florida Limited Liability Compa	
Please return all correspondence concerning this matter to	;
Deborah K. Thompson	
(Contact Person)	
(Firm/Company)	
3150 Bridgeview Drive	
(Address)	
Jacksonville, Florida 32216	
(City, State and Zip Code)	
info@dktconsultants.com	
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call	l:
Deborah K. Thompson at (904	472-7528
(Name of Contact Person) (Area Coo	le) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	s processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees 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

TO: New Filing Section

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Tenerife Encounters, Incorporated
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida P3200073979 (Enter state, or if a non-U.S. entity, the name of the country)
on September 20, 2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Tenerife Encounters, LLC
(Enter Name of Florida Limited Liability Company) 1. If not effective on the date of filing, enter the effective date: Date of filing
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 locument'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 9th day of February	20 <u>24</u>
Signature of Authorized Representative of Limite	
Signature of Authorized Representative:	ceck Dompe
Printed Name: Deborah K. Thompson	Title: Authorized-Member
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)
Signature:	
Printed Name: SABELLA EXERETT	Title: VKE PRESIDENT
Signature:	_
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature:	777.1
Printed Name:	Little:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	/ Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: Certificate of Status: \$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:	
Tenerife Encounters, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3150 Bridgeview Drive	3150 Bridgeview Drive
Jacksonville, Florida 32216	Jacksonville, Florida 32216
business entity with an active Florida registration.) The name and the Florida street address of the responsible to the property of the responsible to the property of the responsible to the property of the	
Florida street address (P.O.	Box NOT acceptable)
Jacksonville,	FL ³²²¹⁶
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

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		
AMBR	Deborah K. Thompson	
	3150 Bridgeview Drive	
	Jacksonville, Florida 32216	
	_	
	7, Xic	
(Use attachment if necessary)	AS AS AS	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	ANO ANO ASSECTION	
(,,,	##### 5	
	Since PR	
TICLE V: Other provisions, if any.	LORGE C	
real violation provisions, it any.	PACE CO	
	——————————————————————————————————————	

REQUIRED SIGNATURE:

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.

Deborah K. Thompson

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)