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(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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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Sexton Hill, Inc.
(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
First organized, formed or incorporated under the laws of
April 12, 2024
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sexton Hill, 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.

Signature of Authorized Representative of Limit	ed Liability Company;
1 4	The state of the s
Signature of Authorized Representative: Printed Name: William Klinglesmith	Title: MGR
Printed Name: William Kinglesmith	Title: More
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Marin Hinglesmeth	
Printed Name: Sharon Klinglesmith ()	Title: MGR
Signature: 6 / Athen Han In.	
Signature: W / Astron Astron / r. '	
Printed Name: Nathan Klinglesmith ()	Title: MGR
Signature: Million Million Million	THE MOD
Printed Name: William Klinglesmith	Title: MGR
Signatura	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation:	or
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
T	
Fees:	5 23
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Certificate of Status.	φυίνο (Οριιοπαί)

Signed this 13 day of May 20 _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company i	s:	
Sexton Hill, LLC	-		
(Must con	tain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address an		principal office of the Lim	ited Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
424 E. CENTRAL BLVD.		8010 BRADWICK WAY	
SUITE 179		MELBOURNE FL 32940	<u> </u>
ORLANDO, FL 32801			
The name and the Flori	Florida registration.) da street address of th liam Klinglesmith	gistered Agent. You must designate e registered agent are:	
	INA	me	
	0 Bradwick Way		
Fl	orida street address (P	.O. Box <u>NOT</u> acceptable)	
Mel	bourne	FL 32940	
	City	Zip	,
liability company registered agent and statutes relating to	at the place designated agree to act in this cap the proper and comple tions of my position as Registered Agent's S	I in this certificate, I hereby pacity. I further agree to conte performance of my duties registered agent as provide ignature (REQUIRED)	mply with the provisions of all s, and I am familiar with and d for in Chapter 605, F.S
	(CONT	INUED)	ည လ်

ARTICLE IV-

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	Sharon Klinglesmith
MOTO TO THE PART OF THE PART O	8010 Bradwick Way
	Melbourne, FL 32940
MGR	Nathan Klinglesmith
	8010 Bradwick Way
	Melbourne, FL 32940
MOD	William Klinglasmith
MGR	William Klinglesmith 8010 Bradwick Way
	Melbourne, FL 32940
	THE SECTION OF THE SE
(Use attachment if necessary)	
	· · · · · · · · · · · · · · · · · · ·
CLE V: Other provisions, if any.	;
	. :
DEALIDER CLASSITUDE.	Ċ
REQUIRED SIGNATURE:	<u>-</u>
	·
Signature of a member or	r an authorized representative of a member
	e with section 605.0203 (1) (b), Florida Statutes. I am awar
This document is executed in accordance any false information submitted in a doci	ument to the Department of State constitutes a third degree
This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree
any false information submitted in a doci	ument to the Department of State constitutes a third degree

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)