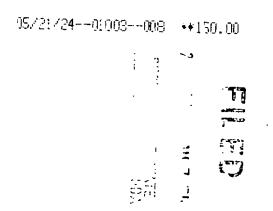
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Special Instructions to	Filing Officer:	





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T. J. H 6/12/24





May 17, 2024

Via Federal Express

Floria Department of State New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

RE: Eden Capital Management, LLC

File Number: 46667.000

Dear Sir or Madam:

Enclosed for filing please find original executed Articles of Conversion, Articles of Organization and our Firm check in the amount of \$150.00 for the filing fees. Please return a filed copy to me in the enclosed postage-paid return envelope.

If you have any questions please contact me at 941-749-6931 or via the email below.

Sincerely,

Sarah J. Orendorff | FRP

4764750v1

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Eden Capital Management, LLC		
(Name of Re	esulting Florida Limited	(Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	-	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:	
Douglas Eden		
(Contact Person)		
Eden Capital Management, LLC		
(Firm/Company)		
13029 Sorrento Way		-
(Address)		
,		
Bradenton, Florida 34211		
(City, State and Zip Code)		
deden@edencapital.org		्राची । र
E-mail Address: (to be used for future annual r	report notifications)	
For further information concerning this m	atter, please call:	
Douglas Eden	at (904)	891-6255
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the	,	ocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing Fo and Certified Copy	ees S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	П П Т 2	treet Address: lew Filing Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 fallahassee, 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

The name of the "Other Business Entity" immediately prior to the filin Eden Capital Management, LLC	ng of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited liability company	
(Enter entity type. Example: corporation, limited partnership, general pa	rtnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	n-U.S. entity, the name of the country)
05/27/2016	
on	
3. The name of the Florida Limited Liability Company as set forth in the	attached Articles of Organization:
Eden Capital Management, 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 no 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 requidocument's effective date on the Department of State's records.	r more than 90 calendar days after
5. The plan of conversion has been approved in accordance with all applied	cable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members which such members are entitled under ss. 605.1006 and 605.1061-605.10	
	pap

Signed this 12th day of May	_ 20 <u> 2 Y</u>			
Signature of Authorized Representative of Limi	. 77			
Signature of Authorized Representative:	Title: Manager	_		
Signature(s) on behalf of Other Business Entity:				
Signature: Duglas Eden	Title: Manager	-		
, <u> </u>				
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title	_		
Signature:Printed Name:	Title:	- -		
Signature:Printed Name:	Title:	_ _		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	, ;	- 3	1
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		٠.	- C.C.
All others: Signature of an authorized person.			# J 1.	ζ.
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L		y Company is	s:			
Eden Capital Manag	gement, LLC				_	
(Ma	ust contain the wor	ds "Limited Liabîl	ity Company, "L.L.C.," or "	·LLC.")		
ADTICLE II A.	1.1					
ARTICLE II - Ac	•	1.d.,	iial aftina af dha	. Timelead Tiabilies (:
The mailing addres	ss and street ac	iaress of the p	principal office of the	E Limited Liability (Jompa	iny is:
Principal Office A	Address:		Mailing Address	<u>s:</u>		
13029 Sorrento Wa	у		13029 Sorrento W	ay	_	
Bradenton, Florida	34211		Bradenton, Florida	34211	_	
(The Limited Liability C business entity with an	ompany cannot ser active Florida regis	ve as its own Registration.)	ed Office, & Registe istered Agent. You must des	signate an individual or an		77
The name and the	r forida street a	adaress of the	registered agent are:			4
	Blalock Walte	rs, P.A.			12.	F
		Nan	ne		4	
				海	ب <u>ن</u>	
	802 11th Stre				•	
	Florida stre	et address (P.	O. Box <u>NOT</u> accepta	ble)		
	Bradenton		FL ³⁴²⁰⁵			
		City	Zip	-		

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)

Δ	R7	ГΙ	C1	F	IV	′_
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The name and address of each person authorized to manage and control the Limited Liability Company:

'AAAIDD' — Aaathaanaana Naasaka	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Dauglas Edon
MGR	Douglas Eden 13029 Sorrento Way
	Bradenton, Florida 34211
 _	
	
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Use attachment if necessary)	
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Use attachment if necessary)	
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Use attachment if necessary) LE V: Other provisions, if any, and liability company shall be manager-way, Bradenton, Florida 34211	managed, and the initial manager is Douglas Eden of
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LE V: Other provisions, if any. ed liability company shall be manager- Way, Bradenton, Florida 34211 REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
LE V: Other provisions, if any. Bed liability company shall be manager- Way, Bradenton, Florida 34211 REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member te with section 605.0203 (1) (b), Florida Statutes. I am awar
LE V: Other provisions, if any. and liability company shall be manager- Way, Bradenton, Florida 34211 REQUIRED SIGNATURE: Signature of a member of a member of any false information submitted in a doc	r an authorized representative of a member
LE V: Other provisions, if any. and liability company shall be manager- Way, Bradenton, Florida 34211 REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member se with section 605,0203 (1) (b), Florida Statutes. I am awar ument to the Department of State constitutes a third degree
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LE V: Other provisions, if any. Ed liability company shall be manager- Way, Bradenton, Florida 34211 REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am awar ument to the Department of State constitutes a third degree
Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605,0203 (1) (b), Florida Statutes. I am awar ument to the Department of State constitutes a third degree