L24000323625

(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:





800433024648

JT 17424--0.007--310 **151.01





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

Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of the Arti First Financial Inc	cles of Co	onversion is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Corporation		
(Enter entity type. Example: corporation, limited partnership, general partnership, comr	non law or	business trust, etc.
First organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, t	ne name of	the country)
on 5/21/2024		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Ar First Financial, LLC	ticles of (Organization:
(Enter Name of Florida Limited Liability Company)	<u>-</u> ·	
4. If not effective on the date of filing, enter the effective date: 7/10/2024 (The effective date: Cannot be prior to date of receipt or filed date nor more than 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 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 apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	_	
	75	2024 Ju_
		<u>. </u>
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		:
		<i>-</i>

Signed this 10 day of July	20 24
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Glenn Hasell	Title: Manager
	Entity: [See below for required signature(s)]
Signature: WW MW	
	Title: AMBR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
	Title.
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Timed (valle)	Time.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Dire	ctor, or Officer.
If Directors or Officers have not been selecte	d, an Incorporator must sign.
If Davids Consults and the state of	**************************************
If Florida General Partnership or Limited Signature of one General Partner.	
orginature of one General Fatther.	
If Florida Limited Partnership or Limited	Liability Limited Partnership:
Signatures of ALL General Partners.	•
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
First Financial, LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limite	d Liability Company is:
B. I. I. Com		
Principal Office Address:	Mailing Address:	
2740 SW Martin Downs Blvd #236	2740 SW Martin Downs Bh	vd #236
Palm City FL 34990	Palm City FL 34990	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.) The name and the Florida street address of the registration Glenn Hasell	ered Agent. You must designate an	ent's Signature: individual or another
Name		
2740 SW Martin Downs Blvd #	236	
Florida street address (P.O.		
Palm City	FL ³⁴⁹⁹⁰	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg Registered Agent's Sign	this certificate, I hereby active. I further agree to complete formance of my duties, artistered agent as provided for	cept the appointment as ly with the provisions of al nd I am familiar with and
(CONTINU	U ED)	

ARTICLE IV-

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

Glenn Hasell 2740 SW Martin Downs Blvd #236 Palm City FL 34990 Alexander Hasell 2740 SW Martin Downs Blvd #236 Palm City, FL 34990
2740 SW Martin Downs Blvd #236 Palm City FL 34990 Alexander Hasell 2740 SW Martin Downs Blvd #236
2740 SW Martin Downs Blvd #236 Palm City FL 34990 Alexander Hasell 2740 SW Martin Downs Blvd #236
Palm City FL 34990 Alexander Hasell 2740 SW Martin Downs Blvd #236
2740 SW Martin Downs Blvd #236
2740 SW Martin Downs Blvd #236
Palm City, FL 34990
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)