L24000327176

(Requestor's Name)
(Address)
(Address)
(City(Chair/Tip(Chair)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 05/07 24
Emerled BA address.
address.
WE40001147639

Office Use Only



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S. CHATHAM

02/28/24 - 01018--011 **100.00





March 26, 2024

CHRISTEL HENDRICKS 174 WATER COLOR WAY, SUITE 103 #299 SANTA ROSA BEACH, FL 32459 US

SUBJECT: THE SALTY SEHORSE, LLC

Ref. Number: W24000048639

We have received your document for THE SALTY SEHORSE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Rickey L Richardson Regulatory Specialist II

Letter Number: 424A00006515

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Salty Scalvese, CCC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Christil Hendricks (Contact Person)
(Firm/Company) 174 Water Way Ste 103 #299 (Address) (Address) (City. State and Zip Code) Sea Sicle Sanctuary Rentals UCCymall. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: (Name of Contact Person) Area Code) (Name Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
(\$25 for Conversion & \$155.00 Filing Fees and Certified Copy & \$125 for Articles of Organization) \$\int \frac{1}{2} \frac{1}{
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

Tallahassee, FL 32314

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 Articles of Conversion is: The Salty Mermula 30A CC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc. First organized, formed or incorporated under the laws of Center state, or if a non-U.S. entity, the name of the country) on (date of organization, formation or incorporation)	2.)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization The Sulty Slahovse, UC (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.	r
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 t which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	

Signed this Add day of Forman	20 24
Signed this Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: 1975 + William 1985	
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)
Signature: Printed Name: () () - Printed Name: () () - Printed Name: () () () - Printed Name: () () () () () () () () () (Title: / INTIVI / MINTON
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
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 In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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 - Name: The name of the Limited Liability Company is:
The Salty Seanwise LCC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Janta Pasi Beach FL Sinta Rosa Beach FL 32459
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: ONIGH HENDICKS Name
Florida street address (P.O. Box NOT acceptable)
Santa Rosa Beach FL 32459 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 propey 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)

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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	
AMBR	Ohn Stel Hendholes 174 Watercolor Way Ste 103- Sinte Rose Boach Fil
(Use attachment if necessary)	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or	e with section 605.0203 (1) (b). Florida Statutes. I am aware that innent to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am aware that innent to the Department of State constitutes a third degree felon yped or printed name of signee
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes. I am aware that innent to the Department of State constitutes a third degree felon