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(Requestor's Name)
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(City/State/Zip/Phone #)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer: 07/31/24
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Office Use Only



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February 27, 2024

PARKER BELLINGHAM 1095 MILITARY TRL #2444 JUPITER, FL 33458 US

SUBJECT: BEACH HOUSE VISUALS L.L.C.

Ref. Number: W24000032516

We have received your document for BEACH HOUSE VISUALS L.L.C. and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

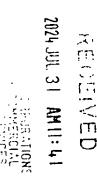
Must have the complete date of jurisdiction, MONTH/DAY/YEAR.

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.

Tekayla T Matthews Regulatory Specialist II

Letter Number: 324A00004259



COVER LETTER

	New Filing Se Division of C				
SUBJE	CT:	Beach House (Name of Res	C VISUAIS		
			_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please r	return all corre	espondence concerning	g this matter to:		
	Packer Beach	(Contact Person) + Ciuse V: Sug IS (Firm/Company)		-	
		h Lane (Address)		-	
	Boyton	Beach FL 3 City, State and Zip Code)	3435	-	
E-ma	eachbau il Address: (to b	sevisuals Ogra c used for future annual re	port notifications)	.	
For furt	her information	on concerning this mat	tter, please call:		
	OYKER BY (Name of Conta	ellingham ct Person)	at (<u>843</u> (Area Code)) 32 (Dayt	7-8455 ime Telephone Number)
		or the following amou a bank located in the	•	rocess	ed by this office must be payable in US
(\$25 for	00 Filing Fees Conversion or Articles ization)	-	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New F Division The Co 2415 N	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article	es of Conversion is:
Beach House Visuals (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>limited liability Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, commo	n law or business trust, etc.)
First organized, formed or incorporated under the laws of South Carolin (Enter state, or if a non-U.S. entity, the	name of the country)
on Ob/30/2021 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
Beach House Visuals L.L.C. (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 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 document's effective date on the Department of State's records.	0 calendar days after
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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	al rights the amount to

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The hame of the Emitted Etablity Company is:	
Beach House Visuals L.I. (Must contain the words "Limited Liability Company."	,, C.
(Must contain the words "Limited Liability Company,"	"L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address: Mailing	g Address:
15 South Lane 15 Boyton Beach, FL 33435 Boy	South Lane
Boyton Beach, FL 33435 Boy	ton Beach, FL 33435
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. business entity with an active Florida registration.)	You must designate an individual or another
The name and the Florida street address of the registered	agent are:
Parker Bellinghan	n
15 South Lane Florida street address (P.O. Box NO	Taccentable)
_	
<u>Boyton Beach</u> <u>FL</u> City	<u>33435</u> Zip
Having been named as registered agent and to accept so liability company at the place designated in this certi- registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performan accept the obligations of my position as registered ag	ficate, I hereby accept the appointment as her agree to comply with the provisions of all ice of my duties, and I am familiar with and
Registered Agent's Signature (RE	EQUIRED) MA 10: 31
(CONTINUED)	3/
	MH 10: 3;

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	Parker Bellinghan
'MGR" = Manager AMBR	15 South Lane
	Boyton Beach, FL 33435
	
<u> </u>	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	inghan
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	·

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

ARTICLE IV-