L24000361071

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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000434627120

08/12/24--01014--012 **150.00



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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partn	nership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Michigan	
(Enter state, or if a non-	U.S. entity, the name of the country)
on 12/21/2020 .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the at	ttached Articles of Organization:
Kalendarium, 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 in 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 require	·
document's effective date on the Department of State's records.	ments, this date will not be fished as the
5. The plan of conversion has been approved in accordance with all applicat	ble statutes.
	aving appraisal rights the amount to
 The "Converted or Other Business Entity" has agreed to pay any members h which such members are entitled under ss. 605,1006 and 605,1061-605,107. 	

Signed this 29th day of July	2024
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Watth Printed Name: MATTHEW T. CLARKE	Eeur T. Clarke
Printed Name: MATTHEW T. CLARKE Signature(s) on behalf of Other Business Entity	
Simplim Watthern T Charles	
Signature: <u>Watthew T. Clarke</u> Printed Name: <u>Matthew T. Clarke</u>	Title: Authorized Person/Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	little:
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	715.6
Frinted Name.	True
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, of Direct	
If Directors or Officers have not been selected, an	incorporator must sign.
If Florida General Partnership or Limited Liab Signature of one General Partner.	pility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	oility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	; ;
Articles of Conversion:	\$35.00
Fees for Florida Articles of Organization	\$25.00 n: \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa					
The name of the Linned Claomicy Compa	my 18.				
Kalendarium, LLC					
(Must contain the words "Limited	Liability Comp	any, "L.	L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street address of	the princip	al offic	e of the Limited	Liability Co	ompany is:
District Community					
Principal Office Address:	Ma	aling z	<u>Address:</u>		
MATTHEW T. CLARKE	MA	TTHEV	V T. CLARKE		
8847 Colonels Court.	88	47 Col	onels Court,		
Sarasota FL, 34240	_ Sai	asota	FL. 34240		
The name and the Florida street address o	of the registe W.T. CLARE Name		gent are:		
	lonels Cour				
Florida street address	s (P.O. Box	<u>NOT</u>	acceptable)		
Sarasota	ŀ	:L	34240		
City			Zip		
Having been named as registered agent liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position. Matthe Registered Agent	ated in this capacity. I plete perfor as register cas register	certific further mance ed age.	ate. Thereby accor r agree to comply of my duties, and nt as provided for	ept the appoi with the pro d Lam famili	ntment as wisions of al ar with and
(CO	NTINUED)		•	<i>1</i> .c. 1

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	AMC INVESTMENT SERVICES LLLP	
AIVIBR	5995 E GRANT ROAD, SUITE 200	
	TUCSON, AZ 85712	
	100001,7120072	
MGR	Matthew T. Clarke	
	8847 Colonels Court,	
	Sarasota FL, 34240	
MGR	Alanna M. Clarke	
	8847 Colonels Court,	
	Sarasota FL, 34240	
		
Use attachment if necessary)		
LE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
LE V: Other provisions, if any. REQUIRED SIGNATURE: Matthew T. Clarke		
REQUIRED SIGNATURE: Matthew T. Clarks Signature of a member of this document is executed in accordance.	or an authorized representative of a member nce with section 605.0203 (1) (b), Florida Statutes, I am ocument to the Department of State constitutes a third de	awa
REQUIRED SIGNATURE: Matthew T. Clarke Signature of a member of this document is executed in accordary false information submitted in a document of the su	nce with section 605,0203 (1) (b). Florida Statutes, I am ocument to the Department of State constitutes a third de	awa
REQUIRED SIGNATURE: Matthew T. Clarke Signature of a member of this document is executed in accordary false information submitted in a document of the submitted of the submit	nce with section 605.0203 (1) (b). Florida Statutes, I am ocument to the Department of State constitutes a third de Typed or printed name of signee	awa
REQUIRED SIGNATURE: Matthew T. Clarke Signature of a member of this document is executed in accordary false information submitted in a document as provided for in s.817.155, F.S. Matthew T. Clarke	Typed or printed name of signee Filing Fees	awa gree
REQUIRED SIGNATURE: Matthew T. Clarke Signature of a member of this document is executed in accordary false information submitted in a document as provided for in s.817.155, F.S. Matthew T. Clarke	Typed or printed name of signee Filing Fees s of Organization and Designation of Regist	awa gree
REQUIRED SIGNATURE: Matthew T. Clarks Signature of a member of this document is executed in accordar any false information submitted in a docas provided for in s.817.155, F.S. Matthew T. Clarke \$125.00 Filing Fee for Article	Typed or printed name of signee Filing Fees s of Organization and Designation of Regist	awai gree
REQUIRED SIGNATURE: Matthew T. Clarks Signature of a member of this document is executed in accordar any false information submitted in a docas provided for in s.817.155, F.S. Matthew T. Clarke \$125.00 Filing Fee for Article	Typed or printed name of signee Filing Fees s of Organization and Designation of Regist	awai gree
REQUIRED SIGNATURE: Matthew T. Clarks Signature of a member of this document is executed in accordar any false information submitted in a docas provided for in s.817.155, F.S. Matthew T. Clarke \$125.00 Filing Fee for Article	Typed or printed name of signee Filing Fees s of Organization and Designation of Regist onal) \$ 5.00 Certificate of Status (Constitution)	awa gree