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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing ! Division of (Section Corporations				
SHR	JECT:	Showalter Trades, LLC				
SUIN	n.er	(Name of Re	sulting Florida Limi	ted Cor	mpany)	•
					nd fees are submitted to decordance with s. 605.10	
Pleas	e return all cor	respondence concernin	g this matter to:			
	Alisha B	uckman				
		(Contact Person)		_		
	Buckma	n and Buckman, PA				3
		(Firm/Company)		_		
	2023 Ca	enstitution Blvd.				about Established
		(Address)		_		
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		a, Florida 34231 (City, State and Zip Code)		-		100 E
		buckmanandbuckman.co	em .			,ā -
E-		be used for future annual re		_		
For fi	urther informat	tion concerning this ma	tter inlease call:			
	Alisha Buckn	-	941 at (812-9714	
	(Name of Con	tact Person)	(Area Code) (Day	ytime Telephone Number)	
		for the following amount a bank located in the		oroces	sed by this office must b	e payable in US
(\$25 f) & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Co		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add	Section		New	et Address: Filing Section	
	Division of P.O. Box 63	Corporations			sion of Corporations Centre of Tallahassee	
	Tallahassee,				Dentre of Tallanassee N. Monroe Street, Suite	810

Tallahassee, 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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Showalter Trades, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of South Carolina (Enter state, or if a non-U.S. entity, the name of the country)
OII 03/17/2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Showalter Trades, 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 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.
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 to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 26th day of July	20 24		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative: 4.1	Title: AMBR		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: 7. Printed Name: John Kevin Showalter	Title: AMBC		
Signature: Micia Share I for	Title. NEVISC		
Signature: Micia Shawal 4x Printed Name: Alicia Showalter	Title: AMBR		
Signature:Printed Name:	Title		
Signature:Printed Name:	Title:		
Signature: Printed Name:			
Signature: Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer.	- 2	
If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	.5	G. 25
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.		3	
All others: Signature of an authorized person.		्रती 🚾	
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)		

RTICLES OF C	ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Na The name of the L	me: imited Liability Comp	any is:
Showalter Trades, I	LLC	
(M	ust contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac The mailing addre		the principal office of the Limited Liability Company is:
Principal Office	<u>Address:</u>	Mailing Address:
26007 83rd Ave E.		26007 83rd Ave E.
Myakka City, FL 34	251	Myakka City, FL 34251
The Limited Liability C business entity with an	Company cannot serve as its ow active Florida (egistration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
	Alisha R. Buckman	
		Name
	2030 Constitution Blvd.	
	Florida street addres	s (P.O. Box <u>NOT</u> acceptable)
	Sarasota	FL 34231

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..

Zip

City

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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	John Kevin Showalter 26007 83rd Ave E. Myakka City, FL 34251	
AMBR	Alicia Showalter 26007 83rd Ave E. Myakka City, FL 34251	
(Use attachment if necessary)	*)) [Text CT
TICLE V: Other provisions, if any.	·	
	(14) (14) (15)	
REQUIRED SIGNATURE:	lxc	
This document is executed in accordance wany false information submitted in a docume as provided for in s.817,155, F.S.	a authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am aware that ent to the Department of State constitutes a third degree felony	
Olicia Shruleta	Alicia Showalter	

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)