L24000395061

(Requestor's Name)	
(Address)	•
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	<u> </u>
Special Instructions to Filing Officer:	$\overline{}$
Special instructions to 7 ling Officer.	
W2400015	501

Office Use Only

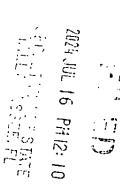
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2024

MARY KATE FISH 2556 2ND CT NAVARRE, FL 32566 US

SUBJECT: WMK RESOURCES, LLC

Ref. Number: W24000095501

We have received your document for 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.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section Letter Number: 124A00013827

2024 JUL 16 PM 6: 33

COVER LETTER

•	ration Section on of Corporations		
SUBJECT: \	WMK RESOURCES, LLC		
SOBJECT.	(Name of R	esulting Florida Limited Company)	
		cles of Organization, and fees are submitted Liability Company" in accordance with s. 60:	
Please return	all correspondence concerni	ng this matter to:	
MARY KATE I	FISH .		
-	(Contact Person)		
	(Firm/Company)		
2556 2ND CT	(Address)		
NAVARRE, FL			
marykatefish@g			
	ess: (to be used for future annual to formation concerning this m	·	
KIMBERLY SM	_	at (_850)863-1974	
(Name	of Contact Person)	(Area Code) (Daytime Telephone Number)
	check for the following amo awn on a bank located in the	ount: (All checks processed by this office mu e United States)	st be payable in US
\$150,00 Filin (\$25 for Convers & \$125 for Artic of Organization)	sion and Certificate of cles Status		,
STREET AD Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	Section orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314	2024 JUL 16 PA

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 Artic WMK RESOURCES, LLC	les of Conv	ersion	ı is:
(Enter Name of Other Business Entity)	-		
2. The "Other Business Entity" is a (Enter partie time. Engage is corrected a support of the correction of the correctio	_•		
(Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	•		
First organized, formed or incorporated under the laws of NORTH CAROLINA on JULY 19, 2018 (date of organization, formation or incorporation)	e name of the	countr	- y)
3. The name of the Florida Limited Liability Company as set forth in the attached Art WMK RESOURCES, LLC	icles of Or	ganiz	ation:
(Enter Name of Florida Limited Liability Company)	_•		
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more that date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed the 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.	e same as rein.)	the eff	fective
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 appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights th	2024 JUL	ount to
Page 1 of 2		16 FH12:	1

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

Signed this 12 th	day of <u>June</u>	20 2 4	<u>.</u>
Signature of Autho	rized Representatiye	-of-Limited Liabi	lity Company:
Signature of Authori	zed Representative:	_nsesaabixesioam: Title: A	MBR
riffiled Name. Market	KATE 1141	ritte. <u></u>	
			v for required signature(s)]
Signature: WHYNE 1	FISH		AMBR
Printed Name: WAYNE	FISH	Title:	AMBR
Signature:		Tids	
Printed Name:		me	
Signature:			<u> </u>
Printed Name:		Title:	
Printed Name:	_	Title:	
Signature:			
Printed Name:		Title:	
Signature:	_		
Printed Name:		Title:	
	ion: n, Vice Chairman, Dir rs have not been select		must sion
ii bacciois oi Omee	is the not occur scient	ea, an incorporator	must sign.
	artnership or Limite	d Liability Partner	rship:
Signature of one Gen	eral Partner.		
If Florida Limited P Signatures of <u>ALL</u> G	artnership or Limited eneral Partners.	d Liability Limited	l Partnership:
All others: Signature of an autho	rized person.		
Fees:			

1024 JUL 16 PH12: 11

\$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 Compan	y is:		
WMK RESOURCES, LLC			
(Must end with the words "Limited	Liability Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of	the Limited	Liability Company is:
Principal Office Address:	Mailing Add	ress:	
2556 2nd CT	2556 2nd CT		
Navarre, FL 32566	Navarre, FL 325	566	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of MARY KATE FISH	the registered agent		nvida or anonet
, , , , , , , , , , , , , , , , , , ,	Vame		
2556 2nd CT	(D.O. D. NOT		
Florida street address	(P.O. Box NOT acce	eptable)	
NAVARRE	FL 32566		
City	Zi	ıp	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position a local position of the proper and compacted the obligations of my position and local positions of my position and local positions are local positioned by later Fish local positions are local positioned by later Fish Registered Agent's	ed in this certificate, apacity. I further agi lete performance of t	I hereby acce ree to comply ny duties, and provided for	ept the appointment as with the provisions of all l I am familiar with and
	TINUED) ge 1 of 2		2024 JUL 2024 JUL 2024 JUL
t esp	5~ - 0		

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe	er en
"MGR" = Manager	MARY KATE FISH
AMBR	2556 2nd CT
	Navarre, FL 32566
	navare, i E 32300
AMBR	WAYNE FISH
	2556 2nd CT
	Navarre, FL 32566
	
	nan the date of filing: (OPTIONAL)
ICLE V: Effective date, if other the effective date is listed, the date 90 days after the date of filing.) If the date inserted in this block does not ent's effective date on the Department of	must be specific and cannot be more than five business days at meet the applicable statutory filing requirements, this date will not be listed f State's records.
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CLE V: Effective date, if other the effective date is listed, the date 90 days after the date of filing.) If the date inserted in this block does not ent's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED STGNATURE: LAY EARL FISH DSESAABC961946D Signature of a m This document is executed am aware that any false	t meet the applicable statutory filing requirements, this date will not be listed f State's records. The state of an authorized representative of a member. The state of a member of a m

Typed or printed name of signee

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) Page 2 of 2