124000420328

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



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/4/2024

NAME:

HEATH TURO, LLC

TYPE OF FILING: CONVERSION

COST:

185.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: New Filing Division of | Section Corporations | | | | | | | |
|---|---|-----------|------------------------------------|-----------|---|------------|----------------------|---------|
| | • | | | | | | | |
| SUBJECT: Heath | (Name of Re | sultin | g Florida Limit | ed Con | npany) | _ | | |
| | les of Conversion, Artic nto a "Florida Limited L | | _ | | | | | ner |
| Please return all co | orrespondence concernin | g thi | is matter to: | | | | | |
| Joseph L. Heath | | | | | | | | |
| | (Contact Person) | | | - | | | | |
| Heath Turo, LLC | | | | _ | | , | 2 | |
| | (Firm/Company) | | | | | : | 27 | |
| 16 Mar Vista Circle | | | | _ | | ! '' ! | 007 | - |
| | (Address) | | | | | : - | <u>_</u> | re i |
| Pensacola, Florida 3 | 32507 | | | | | ζy- | 2024 OCT -4 NH 9: 47 | |
| | (City, State and Zip Code) | | | - | | رة. | <u>i</u> = 1 | Ţ |
| joeleeheath@aol.co | m | | | | | <u> </u> | # · | |
| E-mail Address: (to | o be used for future annual re | port | notifications) | | | ٦; | ~1 | |
| For further informa | ation concerning this ma | itter. | please call: | | | | | |
| Joseph L. Heath | | at | (423 | 802- | 5121 | | | |
| (Name of Co | ntact Person) | " | (Area Code) | (Day | 5121 rtime Telephone Number) | | | |
| | k for the following amou | | • | roces | sed by this office mus | t be payab | ole in U | S |
| ☐ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization) | s □\$155.00 Filing Fees and Certificate of Status | | \$180.00 Filing d Certified Cop | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status | | | |
| P.O. Box 6 | Section Corporations | | | New Divis | t Address: Filing Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Sur | ite 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Arr Heath Turo, LLC | ticles of Co | nversion | is: |
|--|---------------|-------------------------|----------------|
| (Enter Name of Other Business Entity) | | | |
| The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, con | ;= | 2024 | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, con | nmon law or b | านร ุ้กเร รร tru | s िवृत् |
| First organized, formed or incorporated under the laws of | <u>:</u> | 1- I | |
| (Enter state, or if a non-U.S. entity, | the name of t | he country) |) TT |
| January 3, 2023 on (date of organization, formation or incorporation) | ្រា | 11 9: 4· | J |
| (date of organization, formation or incorporation) | | 1.7 | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached A | articles of C | Organizat | tion: |
| Heath Turo, 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 tha | | lar days : | after |
| the date this document is filed by the Florida Department of State.) | | | - |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | date will not | be listed as | the |
| 5. The plan of conversion has been approved in accordance with all applicable statute | es. | | |

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 2nd day of October | 20_24 | | |
|--|--------------------------------|-----------------|-------|
| Signature of Authorized Representative of Limi | ited Liability Company: | | |
| Signature of Authorized Representative: | | | |
| Printed Name: Joseph L. Heath | Title: Authorized Member | | |
| | | | |
| Signature(s) on behalf of Other Business Entity: | | | |
| Signature: Mesh None: Joseph Heath | | | |
| Printed Name: Joseph Heath | Title: Authorized Member | | |
| Signatura | | | |
| Signature: Printed Name: | Title: | | |
| | | | |
| Signature:Printed Name: | 971.1 | | |
| Printed Name: | Title: | | |
| Signature: | | | |
| Signature:Printed Name: | Title: | | 2(|
| Signature: | | TALLYMASY E. FL |)24 (|
| Signature:Printed Name: | Title: | |)C] |
| | | :-= | _ل_ |
| Signature: | Tid | . <u>(%)</u> | |
| Printed Name: | Fitte: | :17] | |
| If Florida Corporation: | | - - - | 9 |
| Signature of Chairman, Vice Chairman, Director, or | | . E | 7 |
| If Directors or Officers have not been selected, an Inc | corporator must sign. | | |
| If Florida General Partnership or Limited Liabili | tv Partnership: | | |
| Signature of one General Partner. | | | |
| If Florida Limited Partnership or Limited Liabili | to I imited Doutmoughins | | |
| Signatures of <u>ALL</u> General Partners. | ty Limited Farthersnip: | | |
| All others: | | | |
| Signature of an authorized person. | | | |
| Fees: | | | |
| | 00.7.00 | | |
| Articles of Conversion: | \$25.00 \$135.00 | | |
| Fees for Florida Articles of Organization: Certified Copy: | \$125.00 \$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 Company | is: | |
|--|--|----------------------|
| Heath Turo, LLC | | |
| (Must contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited L | iability Company is: |
| Principal Office Address: | Mailing Address: | |
| 16 Mar Vista Circle | 16 Mar Vista Circle | 202 |
| Pensacola, Florida 32507 | Pensacola, Florida 32507 | 2024 OCT |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Joseph L. Heath | egistered Agent. You must designate an indiv | s Signature: |
| | ime | |
| 16 Mar Vista Circle Florida street address (F | P.O. Box <u>NOT</u> acceptable) | |
| Pensacola | FL 32507 | |
| 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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| A | QT | Γ | F 1 | IV_{-} |
|---|--------------|----------|------|----------|
| | \mathbf{r} | 11. | . P. | |

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager AMBR | Joseph L. Heath |
| | 16 Mar Vista Circle |
| | Pensacola, FL 32507 |
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| (Use attachment if necessary) | · · · · · · · · · · · · · · · · · · · |
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| ICLE V: Other provisions, if any. | |
| | |
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| | |
| REQUIRED SIGNATURE: | |
| Joseph L. | Heath (Oct 2, 2024 14 47 CDT) |
| | |
| | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | with section 605.0203 (1) (b), Florida Statutes, I am aware that |
| | ment to the Department of State constitutes a third degree felon |
| as provided for in s.817.155, F.S. | |
| Joseph L. Heath | |

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)