# 24000442848

(Requ	estor's Name)	
(Addre	988)	
(Addre	ess)	
(City/S	state/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Document)	ment Number)	
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations				
SUBJECT: threepieceus llc				
	sulting Florida Lin	ited Con	npany)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li				ner
Please return all correspondence concerning	g this matter to:			
jake owens				
(Contact Person)		_		
threepieceus llc				
(Firm/Company)	<del></del>	<del></del>		
127 Olive Ave				
(Address)		<del></del>		
Upland CA 91786				
(City, State and Zip Code)		_		
jake@threepiece.us				
E-mail Address: (to be used for future annual re	port notifications)	_		
For further information concerning this ma	tter, please call			
jake owens	at ( 909	<sub>\</sub> 9083 <sup>4</sup>	433	
(Name of Contact Person)	(Area Code	e) (Day	433 time Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	-	process	sed by this office must be payable in U	S
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New I Divisi The C 2415	Filing Section	, (-)

#### **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 Articles of Conversion is: threepieceus llc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
12/30/2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization</b> : threepieceus 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 28th day of september	_ 20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name:	Title:
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Jake Owens Printed Name:	Title: managing member
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
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)

2024 OCT -2 MM 9: 08

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
threepieceus IIc	ted Liability Company, "L.L.C.," or "LLC.")	
(Stast Committee Words 1.1111)	ice balonity company. 13.5.c. or 15.c. )	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
threepieceus IIc	threepieceus lic	
2101 starkey rd building W	2101 starkey rd building w	v
Largo, fl, 33771	largo, fl, 33771	
business entity with an active Florida registration.) The name and the Florida street address  jake owens		
	Name	
2101 starkey rd buildi	ing W	
<del></del>	ess (P.O. Box NOT acceptable)	
largo	FL 33771	
City	FL Zip	
<b>31.</b> ,	Σip	
	gnated in this certificate, I hereby a iis capacity. I further agree to comp	ccept the appointment as ply with the provisions of al and I am familiar with and
(C	CONTINUED)	CT-2 AH

"AAADD" — Authorizod Missississ	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
MGR	jake owens
	2101 starkey rd building W
	largo fl 33771
	· • · · · · ·
	<del></del>
	mail and the second
<del></del>	
Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	ce with section 605.0203 (1) (b), Florida Statutes. I am aware th

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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