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Special Instructions to	Filing Officer:	

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2024

CATHERINE OUELLETTE 5219 96TH ST E BRADENTON, FL 34211 US

SUBJECT: BOUUCHELLISLE, LLC Ref. Number: W24000138290

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 824A00022345

Kain. costello C DOS. FLIGOV Sent email 10/2/24 Olyphal attached

#### **COVER LETTER**

TO: New Filing Se Division of C				
SUBJECT: BOUCH	ELLEISLE,LLC			
.,	(Name of Res	sulting Florida Limit	ed Con	npany)
		_		d fees are submitted to convert an "Oth ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Catherine Ouellette				
	(Contact Person)			
BOUCHELLEISLE, LL				
	(Firm/Company)			
5219 96th Street East				
	(Address)			
Bradenton, FL 34211				
((	City, State and Zip Code)			
cathyouel@gmail.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Catherine Ouellette		_at (_ <sup>978</sup>	<sub>\</sub> 697-0	0888
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	:	Street	Address:
New Filing So				Filing Section
Division of C P.O. Box 632	•			on of Corporations Tentre of Tallahassee
1 100 1000 000	,		111V C	PILL OF THIRDING

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **Articles of Conversion** For "Other Business Entity" Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: BOUCHELLEISLE, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation
(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)
November 3, 2014 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BOUCHELLEISLE, 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 17th day of September	_20 <u>a</u> 4
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: CLT Printed Name: CATHORING OUTILE HO	berine Oullate Title: MCINCY-OR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: <u>Octhorno</u> Oulletto Printed Name: CATHOLINE OURISEHO	_Title: _MONG & Oil
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty 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)

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MITCELES OF ORGAN	IZATION ON E	AND A EIGHTED EIGHEIT I COMPANT
ARTICLE I - Name:		
The name of the Limited L	iability Company is:	
BOUCHELLEISLE,LLC		
(Must contain t	the words "Limited Liability	y Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:		
	reet address of the pr	incipal office of the Limited Liability Company is:
- -		
Principal Office Address:		Mailing Address:
5219 96th Street East		5219 96th Street East
Bradenton, FL 34211		Bradenton, FL 34211
	<u></u>	
	mot serve as its own Regist	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida s	treet address of the r	egistered agent are:
Catheri	ne A Ouellette	
	Name	
5219 96	6th Street East	
Florid	a street address (P.O	. Box <u>NOT</u> acceptable)
Bradent	on	թլ_ <sup>34211</sup>
	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)

	RT.	1/1	L'	W
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Catherine Ouellette	
	5219 96th Street East	
	Bradenton, FL 34211	
AMBR	Marc Ouellette	
	5219 96th Street East	
	Bradenton, FL 34211	
	Diddonion, 120 id.	
(Use attachment if necessary)		
rnv ol - 11 10		
LE V: Other provisions, if any.		
REQUIRED SIGNATURE:	_	
Catherine C	Q 1000 007to	

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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

**Filing Fees** 

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)