L24000470428

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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STAKE LARY OF STATE FALLAHASSEE, FLORIDA

FILED 224 NOV -1 PH 8: 23

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 in TOOLE DEVELOPMENT CROUDED AND THE CONTRACT CROUDED AND THE CROUDED	is:
TOOLE DEVELOPMENT GROUP 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 trus	st, etc.)
First organized, formed or incorporated under the laws of MASSACHUSETTS	
(Enter state, or if a non-U.S. entity, the name of the country))
onNOVEMBER 20, 2017 .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat	tion:
TOOLE DEVELOPMENT GROUP 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 a the date this document is filed by the Florida Department of State.)	after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	the
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	mt-to

Signed this 17th day of October	_2024			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: JOSEPH M. TOOLE	Title: MANAGER	_		
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)			
Signature: Printed Name: JOSEPH M. TOOLE	Title: MANAGER	-		
Signature: Printed Name:	Title:	- -		
Signature:Printed Name:		_		
Signature:Printed Name:	Title:	_		
Signature: Printed Name:	_ Title:	-		
Signature:Printed Name:	· · · · · · · · · · · · · · · · · · ·	<u></u>		
Printed Name:	Title:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer.	ĪĀ.	<u>~</u> >	
If Directors or Officers have not been selected, an Inc	corporator must sign.	ררא הרא	2024 NOV	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	AHASSEE	0V - J	<u></u>
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	STAT	PH 8:	
All others: Signature of an authorized person.		D.M.	23	
<u>Fees:</u>				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOOLE DEVE	LOPMENT GROUP LLC		
		ited Liability Company. "L.L.C" or "LLC.")	
ARTICLE II The mailing a		of the principal office of the Limite	ed Liability Company is:
Principal Off	ice Address:	Mailing Address:	
1273 COOPER		P.O. BOX 829	
NAPLES, FLO	RIDA 34103	LENOX, MA 01240	
The name and	JEFF NOVATT, ESC	s of the registered agent are:	7 n
		Name	1024
	1415 PANTHER LAN	NE, SUITE 432	ALLAHASS
		ess (P.O. Box NOT acceptable)	665 一
	NAPLES	FL 34109	
	City	Zip	OFFICE SECTION OF THE
,, , ,		ent and to accept service of process fo	_ම . යා

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Name and Address:	
JOSEPH M. TOOLE P.O. BOX 829 LENOX, MA 01240	
P.O. BOX 829 LENOX, MA 01240	
FALL FALL	2024
ATT	
LORIDA	
an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am avment to the Department of State constitutes a third degree	vare that
	P.O. BOX 829 LENOX, MA 01240 COLIN J. TOOLE P.O. BOX 829 LENOX, MA 01240 ALCARA BY CORRESPONDED TO RESERVE A CORRESPONDED an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am av

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)