# L24000472984

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certificates of Status	_
Special Instructions to Filing Officer:	
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GLOKETAKY DESTATE ALLAHASSEL FLORIDA

24 OCT 10 AH 7: L



October 15, 2024

ERIN MEYER 3555 KRAFT RD STE 240 NAPLES, FL 34105 US

SUBJECT: CD CANTERBURY, LLC Ref. Number: W24000140948

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.

Letter Number: 524A00022740

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

#### **COVER LETTER**

	ew Filing S vision of C	ection Corporations			
SUBJEC'	T։ CD Cai	nterbury, LLC			
			ulting Florida	Limited	I Company)
					n, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please ret	urn all corr	espondence concerning	g this matter	to:	
Erin Meyer	r				
-		(Contact Person)	<del></del>	<del></del>	
Advocate (	Consulting L	egal Group, PLLC			•
••		(Firm/Company)			
3555 Kraft	Road, STE	240			
		(Address)			
Naples, FL	. 34105				
	((	City, State and Zip Code)			
erinm@ad	vocatetax.co	om			
E-mail A	Address: (to b	e used for future annual re	port notification	ons)	
For furthe	r informati	on concerning this ma	ter, please c	all:	
Erin Meyer	-		_at (_239	,2	213-0066
(N	ame of Conta	ect Person)		/_ Code) (	(Daytime Telephone Number)
		or the following amou a bank located in the			ocessed by this office must be payable in US
\$150.00 (\$25 for Cor & \$125 for of Organiza	nversion Articles	S155.00 Filing Fees and Certificate of Status	□\$180,00 F and Certified		Certified Copy, and Certificate of Status
Ne Di	ailing Add w Filing Sovision of C O. Box 632	ection orporations		Ne Di	treet Address:  lew Filing Section  livision of Corporations  the Centre of Tallahassee

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 <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:  Blue Canterbury, 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 trust, etc.)
(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)
11/19/2010 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  CD Canterbury, 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 29th	day of September	_ 20_24
Signature of Auth	norized Representative of Limi	ted Lability Company:
Signature of Author	orized Representative:	USX-BUI
Printed Name: Davi	d S. Blue	Title: Trustee of Member
Frinted Name: Davis	0.000	Title. Italias of Member
77	15 1 1/2/1/20	See below for required signature(s)]
Signature WW	11 X ROLLY	
Printed Name: Davi	d'S. Blue	Title: Trustee of Member
Signature:		
Printed Name:		Title:
Timed rame		
Signature:		
Printed Name:		Title:
	<del></del>	
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Cirmotima		
Drinted Nome:		
rimicu Name		True.
If Florida Corpor	ation:	
	man, Vice Chairman, Director, or	Officer.
	cers have not been selected, an Inc	
If Florida Genera	<u>l Partnership or Limited Liabili</u>	ty Partnership:
Signature of one G	eneral Partner.	
	l Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
All adhama.		
All others:	hariand namon	
Signature of an aut	morized person.	
Fees:		
Articles of	Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (		\$30.00 (Optional)
Certificate		\$5.00 (Optional)
Sertificate		+ (~ p

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lin	ne: mited Liability Company	is:	
CD Canterbury, LL	.c		
(Mu	st contain the words "Limited Lie	ability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Ad The mailing addres		e principal office of the	Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
150 Canterbury Lane	9	150 Canterbury Lan	e
Palm Beach, Florida	33480	Palm Beach, Florida	33480
	David S. Blue  N 150 Canterbury Lane	ame	
		P.O. Box <u>NOT</u> acceptab	le)
	Palm Beach	FL <sup>33480</sup>	
	City	Zip	<del></del>
liability compo registered agent o statutes relating	any at the place designate and agree to act in this ca to the proper and compl ligations of my position a	ed in this certificate, I her spacity. I further agree to ete performance of my du	ocess for the above stated limited eby accept the appointment as a comply with the provisions of all sties, and I am familiar with and wided for in Chapter 605, F.S

(CONTINUED)

#### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	David S. Blue Living Trust
	150 Canterbury Lane
	Palm Beach, Florida 33480
AMBR	Constance L. Blue Living Trust
	150 Canterbury Lane
	Palm Beach, Florida 33480
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S.  David S. Blue	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  David S. Blue	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree few properties of printed name of signee
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  David S. Blue	with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for printed name of signee  Filing Fees
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  David S. Blue	with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for printed name of signee  Filing Fees of Organization and Designation of Registered