# L24000485329

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W 24000092256
·

Office Use Only



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06/07/24--01010--006 \*\*150.00

SECRETARY OF STATE
SALLAHASSEE, FLORIDA



June 18, 2024

ADAM SCOTT GOLDBERG 1792 BELL TOWER LN WESTON, FL 33326 US

SUBJECT: WATCH HILL CAPITAL LLC

Ref. Number: W24000092256

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):

The document must contain both the street address of the principal office and the mailing address of the entity.

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

Letter Number: 624A00013213

KAIN COSTELLO Regulatory Specialist II New Filing Section

#### **COVER LETTER**

Division of (	Corporations				
SUBJECT: WATCH	HILL CAPITAL LLC				
	(Name of Re	sultin	ng Florida Lin	nited Co	ompany)
The enclosed Article Business Entity" int	es of Conversion, Artio o a "Florida Limited L	ies d iabil	of Organiza lity Compar	tion, a 1y" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all con	respondence concernin	g th	is matter to		
Adam Scott Goldberg					
	(Contact Person)			_	
Revis Hervas & Goldt	perg P.A.				
- · · · · · · · · · · · · · · · · · · ·	(Firm/Company)				
1792 Bell Tower Lane	•				
	(Address)	_		_	
Weston, Florida 3332	6				
	City, State and Zip Code)	-		_	
adam@rhglegal.com					
E-mail Address: (to b	oe used for future annual re	port r	notifications)	_	
For further informati	on concerning this ma	tter,	please call:		
Adam Scott Goldberg		at	(954	<sub>\</sub> 747	1400
(Name of Conta	act Person)			(Da	ytime Telephone Number)
Enclosed is a check to dollars and drawn on	for the following amou a bank located in the	nt: (. Unit	All checks ed States)	proces	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 I Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New 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: WATCH HILL CAPITAL
(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.)
First organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
on 2/22/2021 (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:
WATCH HILL CAPITAL 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

Signed this day of May	20 24
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: BRANDON BARBER	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: BRANDON BARBER	Title: Managing Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	
If Directors or Officers have not been selected, an I	incorporator must sign.
If Florida General Partnership or Limited Liabi	ility Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabi</u> Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:
All others:	
Signature of an authorized person.	
Fces:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
	• •

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WATCH HILL CAPITAL LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company
<u> </u>	The property of the shifted that the company
Principal Office Address:	Mailing Address:
Principal Office Address: 612 Upland Road	
	Mailing Address:

The name and the Florida street address of the registered agent are:

REVIS HER	RVAS & GOLDE	BERG P.A.
-	Na	me
1792 Bell T	ower Lane, 1st t	floor
Florida st	reet address (P	.O. Box <u>NOT</u> acceptable)
Weston		FL <sup>33326</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..

FORTHE FIRM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR	BRANDON BARBER			
	P.O. Box 1867			
	West Palm Beach, Fl. 33402			
AMBR	KRISTEN FOODIM-BARBER			
	P.O. Box 1867			
	West Palm Beach, Fl. 33402			
_				
(Use attachment if necessary)				
ICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
	)			

Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

**BRANDON BARBER** 

\$ 30.00 Certified Copy (Optional)

sation and Designation of Registered Agents

5.00 Certificate of Status (Optional)

CALLAHASSEE, FLORIDA

AM 10: 05