# 124000504104

(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:
<u>L.</u>

Office Use Only



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07/22/24--01024--014 \*\*185.00

2024 JUL 22 PM 2: 10

TITO

## **COVER LETTER**

SUBJECT: 125	Class Assets	LLC		
		sulting Florida Limited Cor	npany)	-
		<del>-</del>	nd fees are submitted to accordance with s. 605.1	
Please return all corr	espondence concernin	g this matter to:		
Phyar	(Contact Person)			
	(Contact Person)			
1st Class	(Firm/Company)			
6330	Hollywood B	lvd		
	(Address)			
Sarasota	FL 34231 City, State and Zip Code)			
	_			
	(@ ist classase			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Rhyan	Finch	at (251 )	178-0446	
(Name of Conta	ict Person)	(Area Code) (Day	ytime Telephone Number)	-
	or the following amou a bank located in the		sed by this office must b	oe 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 Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2024 JUL 22
Mailing Add			t Address:	U
New Filing Se Division of C			Filing Section ion of Corporations	
P.O. Box 632	•		Centre of Tallahassee	2: 10
Tallahassee, l		2415	N. Monroe Street, Suite	810
		Talla	hassee, FL 32303	

**TO:** New Filing Section Division of Corporations

#### **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Single-Member Limited Liubility 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
on December 10th 2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: MSVCF 13th 24.
(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.
2024 JUL 22 PH 2

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Signed this 12th day of AUGUST	·2024	<del>'</del>	
Signature of Authorized Representative of	f Limited Liabil	ity Company:	
	16 1		
Signature of Authorized Representative:	///x	<del></del>	
Signature of Authorized Representative: Printed Name: Fhy(n) Funch		CEO	<del></del>
Signature(s) on behalf of Other Bysiness En	tity: [See below	for required signatu	
Signature: Phyun Finch			
Printed Name: Fhyun Finch	Title:	CED	
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature:	Title:		
Signature:			
Signature:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature:	Title:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Direct	or, or Officer.		
f Directors or Officers have not been selected.	an Incorporator	must sign.	
f Fl <u>orida Ge</u> neral Partne <u>rship or Limited I</u>	.iability Partner	ship:	
Signature of one General Partner.		<b>_</b> _	
f Florida Limited Partnership or Limited I	.iability Limited	Partnershin:	
Signatures of ALL General Partners.		<u> </u>	

All others: Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	ie: nited Liability Company	is:		
1 St (Mus	Class Assets	LLC ability Company.	"L.L.C.," or "L.L.C.")	
ARTICLE II - Add The mailing address		e principal of	fice of the Limite	ed Liability Company is:
Principal Office A	ddress:	<u>Mailing</u>	g Address:	
6330 Holly Sarasota	wood Blud n, FL 34231	<u>63</u>	30 Hollyn asota, FL	34231
(The Limited Liability Cor	gistered Agent, Registe mpany cannot serve as its own R stive Florida registration.)			
The name and the F	lorida street address of t	-	agent are:	
	Rhyan	Finch		
	N	ame	_	
	6330 Holly	wood Blu	id	
•	Florida street address (			
	Sarasota	FL	34231	
•	City		Zip	
liability compa registered agent a statutes relating	my at the place designate and agree to act in this ca	d in this certi, pacity. I furth ete performan	ficate, I hereby ac her agree to comp ice of my duties, a	ly with the provisions of all and I am familiar with and
	·PV	n	_	<n< td=""></n<>
	Registered Agent's S	Signature (RF	EQUIRED)	1 2024 JU
	(CONT	'INUED)		THED  122 PH 2:

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Phyan Finch
	6330 Hollywood Blud
	Savasota, FL 34231
	2024
	——————————————————————————————————————
	<u></u>
	**
Use attachment if necessary)	70 TA
	:
LE V: Other provisions, if any.	. IE IO
212 V. Otter provisions, it my.	
	1
REQUIRED SIGNATURE:	X
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree for
,	
nnyan Fin	vped or printed name of signee  Filing Fees
Ту	/ped 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)