L24000518246

(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:

Office Use Only



000440719000

12/10/24--01008--022 **155.00

2024 DEC 10 PM 3: 59

11

K A 4

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 Articl Cape Cod Mail Group, LLC.	es of Conver	sion is) .
(Enter Name of Other Business Entity)	••		
2. The "Other Business Entity" is a			
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	n law or busine	ess trust	, etc.)
First organized, formed or incorporated under the laws of			
(Enter state, or if a non-U.S. entity, the	name of the co	ountry)	
January 5, 2018 on .			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article Cape Cod Mail Group, LLC.	cles of Orga	nizati	on:
(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 9 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 dat 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 appraise which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the	amgun	t to
	:	t t= 1	- 1.
		619	 i
	,	——————————————————————————————————————	[7]
	· // · // ·	CO CO	Ü
	- ::- - ::	ÇJI	

•			
Signed this day of November	2024.		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Facel Printed Name: Paul Barakauskas	Baulanin Title: Manager		
Signature(s) on behalf of Other Business Entity: [Signature: Taue Darsharshar			
Printed Name: Paul Barakauskas	Title: Manager		
Signature:Printed Name:	Title:		
Signature:Printed Name:	_ Title:		
Signature:Printed Name:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit 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:		2024	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	220 10 PH 3: 59	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ime: Limited Liability Compan	y is:	
Cape Cod Mail Gro	oup, LLC.		
		iability Company, "L.L.C.," or "LLC	C.")
ARTICLE II - A The mailing addre		ne principal office of the Li	mited Liability Company is:
Principal Office	Address:	Mailing Address:	
3037 Sentell Street	t	3037 Sentell Street	
The Villages, FL 32	2163	The Villages, FL 3216	3
business entity with an	Florida street address of the Paul Barakauskas	Registered Agent. You must designs the registered agent are:	ace an individual of another
		lame	
	3037 Sentell Street		
	Florida street address (P.O. Box <u>NOT</u> acceptable)
	The Villages	FL ³²¹⁶³	_
	City	Zip	
liability com registered agent statutes relatir	pany at the place designated and agree to act in this congret to the proper and complete bligations of my position at the Registered Agent's	ed in this certificate, I hereb apacity. I further agree to c lete performance of my dution	ess for the above stated limited by accept the appointment as omply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S

ARTICLE IV-	
The name and address of each person authorized to manage and control the Limited Liabi	ility
Company:	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Paul Barakauskas
	3037 Sentell Street
	The Villages, FL 32163
(Use attachment if necessary)	
•	
CLE V: Other provisions, if any.	
ENERAL BUSINESS	
DECHIDED CICNATUDE.	٠٠٠ بو
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	hand
tank Baca	an authorized representative of a member

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)

as provided for in s.817.155, F.S.

Paul Barakauskas