# LZ4000522334

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Comment of Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Rec. 12.16.24
DEC. ICHAICI
W54000101157

Office Use Only



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24 DEC 16 AM 5: 02



December 9, 2024

JOSEPH M. EVANS 440 KELLER LANE ST. AUGUSTINE, FL 32086 US

SUBJECT: EASY BREEZY RETREATS, INC.

Ref. Number: W24000161127

We have received your document for EASY BREEZY RETREATS, INC. and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew H Hitchcock Regulatory Specialist II

Letter Number: 024A00026613

#### **COVER LETTER**

TO: New Filing S  Division of C					
SUBJECT: Easy	Breezy Retreats, Inc.				
SUBJECT:	(Name of Res	rulting Florida Lin	ited Cor	mpany)	
= -		_	-	nd fees are submitted to convert an accordance with s. 605.1045, F.S.	"Othe
Please return all con	respondence concernin	g this matter to			
Joseph M. Evans			•		
	(Contact Person)		_		
Easy Breezy Retre	ats, Inc.				
	(Firm/Company)		_		
440 Keller Lane					
	(Address)	<del></del> _	-		
St. Augustine, FL	32086				
	(City, State and Zip Code)	•	-		
elcs70@bellsouth.in	• •				
E-mail Address: (to	be used for future annual re	port notifications)	_		
For further informati	tion concerning this ma	tter, please call			
Stephanie K. Evans		at (		7-8459	
(Name of Con	tact Person)	(Area Cod	) (Dáy	viime Telephone Number)	
	for the following amount a bank located in the		proces	sed by this office must be payable	in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Malling Ade	dress:		Stree	t Address:	
New Filing				Filing Section	
Division of ( P.O. Box 63	Corporations			ion of Corporations Centre of Tallahassee	
Tallahassee,	_			N. Monroe Street, Suite 810	
				hassee, FL 32303	

# Articles of Conversion

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:  Easy Breezy Retreats, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
11-04-2024 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Easy Breezy Retreats, 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.

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Signed this 20th day of November	20_24
Signature of Authorized Representative of Limi	ted biability Company:
Signature of Authorized Representative: Printed Name: Skephanie K. Blans	Tille: Vice President
Signature(s) on behalf of Other Basiness Entity:	
Signature: Jell W/wh	
Signature: July Wy Printed Name: Sose May May Esque	Title: Bresident
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the	words "Limited Lisi	bility Company, "L.L.C.," or "LLC.")	
ADTICLE II Adduces		····· • · · · · · · · · · · · · · · · ·	
ARTICLE II - AUUTESS:			
The mailing address and stree	t address of the	principal office of the Limited Liab	oility Company is:
Principal Office Address:		Mailing Address:	
Easy Breezy Retreats, LLC		Easy Breezy Retreats, LLC	
440 Keller Lane		440 Keller Lane	
St. Augustine, FL 32086	<del></del>	St. Augustine, FL 32086	
The name and the Florida street Joseph M.		to tobistered about mo.	
		ame	
440 Keller	r Lane		
440 Keller Florida s		P.O. Box NOT acceptable)	
	street address (I	P.O. Box NOT acceptable) FL 32086	
		P.O. Box NOT acceptable)	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

'AMBR" = Authorized Member		
'MGR" = Manager P	Joseph M. Evans	24
	440 Keller Lane	— <u>Ş</u>
	St. Augustine FL 32086	
	,	<del></del>
VP	Stephanie K. Evans	779
	440 Keller Lane	
	St. Augustige FL 32086	0 &
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		<del></del>
(Use attachment if necessary)		
(Use attachment if necessary) LE V: Other provisions, if any.		
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	1-wh	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	1-yh	
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorde any false information submitted in a d	or an authorized representative of a member since with section 605.0203 (1) (b), Florida Statutes, I am a ocument to the Department of State constitutes a third department of the Department of State constitutes as the department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the section	sware that
REQUIRED SIGNATURE:  Signature of a member	ocument to the Department of State constitutes a third dep	sware that
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorde any false information submitted in a d	ence with section 605.0203 (1) (b), Florida Statutes, I am a ocument to the Department of State constitutes a third department of State constitutes a third department of State constitutes at the department of Stat	sware that
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorde any false information submitted in a d	ocument to the Department of State constitutes a third dep	sware that