L24000522527

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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DECRETARY OF STAIL

FILED



November 4, 2024

MATTHEW MULLEN 69 AVISTA CIRCLE ST AUGUSTINE, FL 32080 US

SUBJECT: 4M PALLET LLC Ref. Number: W24000149031

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.

The document is illegible and not acceptable for imaging.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 424A00024177

COVER LETTER

Division of Co	orporations			
SUBJECT: 4M Palle	LLC			
50 5 000001	(Name of Res	ulting Florida Limi	ted Con	npany)
		•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Matthew Mullen				
	(Contact Person)		-	
	(Firm/Company)		-	
69 Avista Circle			_	
	(Address)			
St. Augustine, FL 3208	0		_	
((City, State and Zip Code)			
matt.mullen14@yahoo	.com		_	
E-mail Address: (to be	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Shaun Keough		_at (321) 262-	1146
(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)
	or the following amou a bank located in the		orocess	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	S180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Adda New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee 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: 4M Pallet 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
7/23/2019 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
4M Pallet 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.)
<u>Note:</u> 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 13th day of November	20 <u>24</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	/MM
Signature of Authorized Representative:	Title: Member
Printed Name: Maturew Mulleri	Title. Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: h MM	mil Mal
Printed Name: Matheb Malka	Title: Tighty
Signature:	
Printed Name:	Title:
Signature:	ops*, 3
Printed Name:	I itte:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	m: 1
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
4M Pallet LLC (Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
69 Avista Circle St. Augustine, FL 32080	69 Avista Circle St. Augustine, FL 32080
The name and the Florida street addres Matthew Mullen	
69 Avista Circle	
	ress (P.O. Box NOT acceptable)
St. Augustine	FL 32080 Zip
City	Zip
liability company at the place desi registered agent and agree to act in t statutes relating to the proper and c accept the obligations of my posit	ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

A	R	Ti	CI	LE	I	V-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	Market and Market
AMBR	Matthew Mullen
	69 Avista Circle
	St. Augustine, FL 32080
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.	M
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	M
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes. I am aware the three thr
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes. I am aware the three thr
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member

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