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Certified Copies	Certificate	s of Status
Special Instructions to Fi	lling Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: STEPHEN NELSON BAKER, LL	С	
(Name of Res	ulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
JEFF KAPLAN	_	_
(Contact Person)		•
KAPLAN LAW FIRM, PL		
(Firm/Company)		•
130 REMINGTON DRIVE, SUITE 1000		
(Address)		•
OVIEDO, FL 32765		
(City, State and Zip Code)		•
JEFF2@KAPLANLAWFIRM.US		
E-mail Address: (to be used for future annual re	port notifications)	-
For further information concerning this ma	tter, please call:	
JEFF KAPLAN	at (407	706-6700
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	ınt: (All checks p	processed 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 Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810277 Tallahassee, FL 32303

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.

	·
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, ed	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA - P	230000 (350) y, the name of the country)
AUGUST 31, 2023	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
STEPHEN NELSON BAKER, LLC	
(Enter Name of Florida Limited Liability Company)	·
A It hat attective an the date at tiling tenier the effective date.	
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 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, the document's effective date on the Department of State's records.	is date will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor more 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, the	is date will not be listed as the

Signed this day of _DECEMBER	2024
Signature of Authorized Representative of L	inited Liability Company:
Signature of Authorized Representative: Printed Name: STEPHEN N. BAKER	Title: AUTHORIZED MEMBER
Signature(s) on behalf of Other Business Entity	<u>y:</u> [See below for required signature(s)]
Signature: Printed Name: STEPHENN BAKER	Title: PRESIDENT
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, and	
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Lial Signatures of <u>ALL</u> General Partners.	bility 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)

2024 DEC 27 AM 11: 37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KHCLESOF	ON PLONIDA LAMITE	D MADIMITI COMPANI
ARTICLE I - Na The name of the I	pany is:	
The name of the L	puny 10.	
STEPHEN NELSO		
(N	ted Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - A The mailing addre	of the principal office of the	e Limited Liability Company is:
Principal Office	Mailing Addres	<u>s:</u>
32628 WEBB'S W	32628 WEBB'S W	
SORRENTO, FL 3	SORRENTO, FL	32776
<u> </u>		
business entity with ar	own Registered Agent. You must de s of the registered agent are	
	Name	
	<u>, </u>	
	ess (P.O. Box <u>NOT</u> accepta	able)
	FL 32776	
	Zip	
liability com registered agen statutes relati	gnated in this certificate, I had a his capacity. I further agree complete performance of my fon as registered agent as pr	process for the above stated limited bereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and covided for in Chapter 605, F.S
		is pr

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	STEPHEN N. BAKER
	32628 WEBB'S WAY
	SORRENTO, FL 32776
	
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(Hanattachmant if nagagary)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	
. /	7 - 1
REQUIRED SIGNATUR E :///	
	(X _//
	18 The state of th
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	ee with section 605.0203 (1) (b), Florida Statutes. I am aware
any false information submitted in a doc	nument to the Department of State constitutes a third degree for
as provided for in s.817.155, F.S.	
CTEDUEN N. DAVED	

Typed or printed name of signee

Filing Fees

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)