125000212082

(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:		
uliH		

Office Use Only



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March 14, 2025

GARY MOTTOLA BOX 1005 OAKLAND, NJ 07436 US

SUBJECT: ABRACADABRA FARMS LLC

Ref. Number: W25000034475

We have received your document for and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Tabitha J Howell
Regulatory Specialist II
New Filings Section

Letter Number: 625A00005559

Troy 4/3

2025 ETT -1 FT 4: 07

COVER LETTER

TO:	New Filing S Division of C					
SUR	JECT: Abracad	labra Farm LLC				
SUD	JEC1	(Name of Res	sulting Florida Lim	ited Con	npany)	
					d fees are submitted to convert an "Oth coordance with s. 605.1045, F.S.	ej
Pleas	e return all corr	espondence concernin	g this matter to:			
Gary	Mottola					
		(Contact Person)		→		
		(Firm/Company)	·	-		
Box 1	1005			_		
		(Address)				
Oakla	and, NJ 07436			_		
-	,	City, State and Zip Code)	-	_		
garyn	nottola1@gmail.d	com		_		
E-:	mail Address: (to b	be used for future annual re	port notifications)			
For fi	urther informati	on concerning this ma	tter, please call:			
Gary	Mottola		at (201	826-	1882	
	(Name of Conta	act Person)) (Day	rtime Telephone Number)	
		for the following amou a bank located in the		process	sed by this office must be payable in US	;
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles panization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add	ress:		Street	t Address:	
	New Filing S				Filing Section	
	Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee	
	Tallahassee,				N. Monroe Street, Suite 810	
	1 41141140000,	m nur af defair A 1			hassee, FL 32303	

INHS11 (7/17)

Articles of Conversion

2 2 3 1

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 Article Abracadabra Farms Limited	es of Conversion is:
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common	a law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida - FIGLODO (Enter state, or if a non-U.S. entity, the	
January 23, 1996 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
Abradadabra Farm LLC	
(Enter Name of Florida Limited Liability Company)	
 4. If not effective on the date of filing, enter the effective date:	
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights the amount to
	T: ::

· •	
Signed this 20th day of Febr	ruary 2025.
Signature of Authorized Representati	ive of Limited Liability Company:
Signature of Authorized Representative Printed Name: Gary Mottola	: Title: Manager
Signature(s) on behalf of Other Busine	ss Entity: [See below for required signature(s)]
Signature: Abracadab	ra Farms Inc. Title: General Partner
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
	Title.
If Florida Corporation: Signature of Chairman, Vice Chairman, I If Directors or Officers have not been selected.	
If Florida General Partnership or Lim Signature of one General Partner.	ited Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	ited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Name:		ILLI I COMI ANI
ARTICLE I - Name: The name of the Limited Liability Company	is:	
ABRACADABRA FARM LLC		
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
510 SE Hwy 484	510 SE Hwy 484	
Ocala, FL 34480	Ocala, FL 34480	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the server is the server and the Florida street address of the server is	egistered Agent. You must designate an ir	nt's Signature: ndividual or another
Barry Berkelhammer		
N	ame	
510 SE Hwy 484		
Florida street address (I	P.O. Box NOT acceptable)	
Ocala	FL ³⁴⁴⁸⁰	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby acc pacity. I further agree to comply ete performance of my duties, an	ept the appointment as wwith the provisions of all d I am familiar with and
Registered Agent's S	Signature (REQUIRED)	7625 I
(CONT	'INUED)	<u>'</u>
		<u> </u>
		.
		ဝ

ARTICLE IV-

Language Control of the Control

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	Con Mattala
MGR	Gary Mottola
	35 Glen Gary Road
	Oakland, NJ 07436
MGR	Barry Berkelhammer
	510 SE Hwy 484
	Ocala, FL 34480
(Use attachment if necessary) CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Moto	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
Gary Mottola	
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)

β.) :_†;

April 5, 2025

Hi,

Attached are documents to re-file the conversion of Abracadabra Farm from a limited partnership to an LLC. I originally filed this in February, but I had not filed the annual report at that time. I received the attached letter from Tabitha Howell indicating that.

On April 3, I spoke to Troy. He informed me that, since the annual report was now filed, all I needed to do was resubmit the documents as is. Those documents are attached for filing. Troy also indicated that the \$180 that paid was still there and that no additional payment was required.

Thanks,

Gary Mottola for Abracadabra Farm LLC