

(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:		
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W2200G077127		

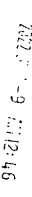
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05/06/22--81030--008 **105.00







June 9, 2022

NANCY BERKSTRESSER 5797 LAKE WINONA RD BLDG D DE LEON SPIRNGS, FL 32130

SUBJECT: BERKLAND

Ref. Number: W22000077127

We have received your document for BERKLAND and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title you have listed for the individuals or business entities which will manage the company are not acceptable. We cannot accept the term "OWNER".

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 722A00012944

COVER LETTER

FO: New Filing Section Division of Corporations	
Berkland	
Name of Resulting Florida Profit Corporation	
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.	ne following eligible
Please return all correspondence concerning this matter to:	
Nancy Berkstresser	
Contact Person	
Berkland	
Firm/Company	
5797 Lake Winona Rd, Building D_	
Address	
De Leon Springs, Fl. 32130	
City, State and Zip Code	
Berkyboats@gmail.com	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Nancy Berkstresser at (727)237-5890	
Name of Contact Person Area Code and Daytime Telephone Numb	per
inclosed is a check for the following amount:	
■ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees and Certificate of and Certified Copy Status □\$122.50 Filing Fees □\$12	
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303	

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Berk Land LLC
Enter Name of the Converting Entity
2. The converting entity is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 1/01/2019
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Berkland
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 01/15/2022
(The effective date: Cannot be prior to nor more than 90 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.

Signed this 15 day of April	20	
Required Signature for Florida Profit Corporatio	o <u>n:</u>	
Signature of Director, Officer, or, if Directors or Offi	icers have not been selected, an Incorporator:	
Printed Name: Temme Berkstresser_Title:	MGR	
Required Signature(s) on behalf of Converting Florompanies: [See below for required signature(s).] Signature: Nancy Berkstresse Signature:		mited liability
Printed Name: Nancy Berkstresse	r _{Title:} MGR / -	
Signature:		
Printed Name: Temme Berkstress	er Title: MGR	
Signature:	t	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	-	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		
All others: Signature of an authorized person.		
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	3 2

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of th	NAME e corporation shall be: Berkland	lorp	
ARTICLE II The principal p	PRINCIPAL OFFICE lace of business/mailing address is:	·	
5797 Lake Winona	Principal street address		Mailing address, if different is:
Building	g D		
DeLeon	Springs, Fl. 32130		
	PURPOSE or which the corporation is organized is: efit its share holders		
ARTICLE IV			
The number of	shares of stock is: 0 50		
ARTICLE V	OFFICERS AND/OR DIRECTORS Temme Berkstresser √	Name and Title	Nancy Berkstresser
Address:	5797 Lake Winona rd. Building D	Address:	5797 Lake Winona rd. Building D
/ tall c.is.	De Leon Springs, Fl. 32130	, redución	De Leon Springs, Fl. 32130
Name and Title	i	Name and Title	:
Address:		Address:	
Name and Title	:	Name and Title	
Address:		Address:	
			· · · · · · · · · · · · · · · · · · ·

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acce	stable) of the registered egent is:
Name:	Nancy Berkstresser	hable) of the registered agent is.
Address:	5797 Lake Winona Rd Building D	
	De Leon Springs, Fl.32130	
*****	****	
Having be this certifi	een named as registered agent to accept service of cate, I am familiar with and accept the appointme	**************************************
<u> </u>) s h	4/15/2022

Date

Required Signature/Registered Agent