# L21000443352

(Requ	uestor's Name)	
(Addr	ress)	
nbbA)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	lling Officer:	

Office Use Only



000371425510

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/11/2021		**WALK IN**
ENTITY NAME SWF BO	nita Beach, Inc	<u></u>
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXXX	Certified Copy Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT		<u> </u>
TOTAL OWED \$185	ACCOUNT #: 12016000007	2
Please call Tina at th	e above number for any issues or concerns. Thank you so	n much!

#### **COVER LETTER**

Division of C			
SUBJECT: SWF Bo	nita Beach, LLC		
SUBJECT.	(Name of Res	sulting Florida Limited	Company)
The enclosed Article Business Entity" into	s of Conversion, Artie o a "Florida Limited Li	les of Organization ability Company" i	i, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
	(Contact Person)		
	(Firm/Company)		
	(Address)		
	City, State and Zip Code)		
rebeca.linz@dentons.			
E-mail Address: (to t	oe used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
(Name of Cont	act Person)	at () (Area Code) = (	(Daytime Telephone Number)
	for the following amou a bank located in the		deessed 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	□\$180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status
Mailing Add			treet Address:
New Filing S Division of C			ew Filing Section ivision of Corporations
P.O. Box 632			he Centre of Tallahassee
Tallahassee,	FL 32314	24	415 N. Monroe Street, Suite 810

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 corporation 20000047629  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e	tc.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
05/10/2000 on .	
(date of organization, formation or incorporation)	
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization SWF Bonita Beach, LLC</li> </ol>	1:
(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	<b>?</b> r
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.	
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.	
document's effective date on the Department of State's records.	o

Signed this 11th day of October	20 <u>21</u>
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: Printed Name: Timothy Anglim	Timothy Anglim Title: Manager
Signature(s) on behalf of Other Rusiness Ent	ity:  See below for required signature(s)
ſ	
Signature: Timothy Anglim	Title: President
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Simotora	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directo	or or Officer
If Directors or Officers have not been selected,	
If Florida General Partnership or Limited L	iability Partnership
Signature of one General Partner.	jability 1 at the tamp.
M. Flanks, I know a Dougramskin on Limited I	inhility Limited Bartnership
If Florida Limited Partnership or Limited L Signatures of ALL General Partners.	lability Emilieu Farthersing.
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organizat	
Certified Copy: Certificate of Status:	\$30,00 (Optional) \$5,00 (Optional)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:			
SWF Bonita Beach, LLC (Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")			
ARTICLE II - Address:				
The mailing address and street address of the	ne principal office of the Limited	Liability Co	ompany	is:
Principal Office Address:	Mailing Address:			
17274 San Carlos Blvd, Suite 202	17274 San Carlos Blvd, Suite	202		
Ft Myers Beach FL 33931	Ft Myers Beach FL 33931			
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  Timothy Anglim				
. 17274 San Carlos Blvd, S	Suite 202			
	P.O. Box NOT acceptable)			
Ft Myers Beach FL	FL <sup>33931</sup>			
City	Zip			
Having been named as registered agent at liability company at the place designate registered agent and agree to act in this constant statutes relating to the proper and complete accept the obligations of my position at Registered Agent's	ed in this certificate, I hereby accep upacity. I further agree to comply lete performance of my duties, and	pt the appoi with the pro 'I am famili	intment ovisions ar with	as of all and
(CON	TINUED)	(0)	<del></del>	

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Timothy Anglim
	17274 San Carlos Blvd, Suite 202
	Ft Myers Beach FL 33931
(Use attachment if necessary)	
CL IC N/s Other provisions if any	
CLE V: Other provisions, if any.	
•	
	— DocuStaned by:
REQUIRED SIGNATURE:	DocuSigned by:
	Docusioned by: Timothy Anglim
REQUIRED SIGNATURE:	Timothy Anglin DOEZD7015BADABB
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	Timothy Anglin DOEZD7015BACUBB

#### 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)