12400066433

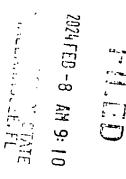
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



300423422013

10/10/23--01022--013 **185.00



COVER LETTER

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 Tallahassee, FL 32314 Tallahassee, FL 32303	TO: New Filing S Division of C			
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with \$. 605,1045, F.S. Please return all correspondence concerning this matter to: Jennifer Somers de Gate (Contact Person) Bimmo, LLC (Form Company) 2373 Bisnop Estates Rd (Address) Jacksonvine, FL 32259 (City Nate and Zip Code) jenn@bimmia.com F-inad Address to be used for future animal report netifications) For further information concerning this matter, please call: Jennifer Somers de Gate (Name of Contact Person) (All Optimise Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dotllars and drawn on a bank located in the United States) [S25 for Conversion and Contact Acide and Certificate of and Certificate of States [S25 for Articles States New Tiling Section Division of Corporations P.O. Box 6327 Fullulhassee, FL 32314 [S245 N. Monrue Street, Suite 810 Division of Corporations P.O. Box 6327 Fullulhassee, FL 32314		·		
Business Entity into a "Florida Limited Liability Company" in accordance with \$, 605, 1045, P.S. Please return all correspondence concerning this matter to: Jeansfer Somers de Gale (Conact Person) Bimma: LLC (Address) Jacksonville, PL 32259 (City State and Zip Code) jenn@bimmia.com F-mail Address: to be used for future annual report neitlications) For further information concerning this matter, please call: Jennifer Somers de Gale (Name of Conact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dellars and drawn on a bank located in the United States) S150.00 Unling Feeses(22) for Conversion and Certificate of States S150 to Conversion and Certificate of States Mailing Address: New Tiling Section Division of Corporations P.O. Box 6527 Lallahassee, Fl. 32314	SUBJECT:	(Name of Re	sulting Florida Lim	mited Company)
Jeanufer Somers de Gaie (Connact Person) Bimma, LLC (Lorn Company) 2373 Bishop Estates Rd (Address) Jacksonville, FL 32259 (City Nate and Zip Code) jonn@bimmia.com F-mail Address (to be used for future annual report notifications) For further information concerning this matter, please call: Jeanufer Somers de Gale (Name of Connact Person) (Name of Connact Person) (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) □ \$\text{M180.00 Filing Fees} \text{ONT St 5 00 Filing Lees} \text{ONT N0.00 Filing Lees} \text{ONT St 100 Filing Lees} \text{or Conversion} \text{and Certificate of Status} \text{of Conversion} \text{and Certificate of Status} \text{of Conjugations} \text{New Filing Section} \text{DN No.00 Filing Section} \text{Division of Corporations} \text{Pow Filing Section} Division of Cor	The enclosed Article Business Entity" into	es of Conversion, Artic o a "Ulorida Limited I.	des of Organizati iability Compan	ation, and fees are submitted to convert an "Other my" in accordance with 8, 605,1045, F.S.
Contact Person Bimma, LLC Connict Ompany	Please return all corr	respondence concernin	ig this matter to:	,0;
Binnina, LLC (dom Company) 2373 Bishop Estates Rd (Address) Jacksonville, FL 32259 (Ony Nate and Zap Code) jenn@binnina.com Formal Address (to be used for future annual report notifications) For further information concerning this matter, please call: Jennifer Somers de Gale (Nane of Conact Person) (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) (S150,00 Filing Fees and Certificate of States)	Jennifer Somers de G	ale		
Clark Company	_	(Contact Person)		
Company 2373 Bishop Estates Rd (Address)	Bimmia, LLC			
Cold State and Zip Code		(Firm Company)		
Cold State and Zip Code	2373 Bishop Estates F	₹d		
City State and Zip Code		(Address)		
City State and Zip Code	Jacksonville, FL 3225	9		
Formal Address: to be used for future annual report notifications.) For further information concerning this matter, please call: Jennate Somers de Gale (Name of Contact Person) (Name of Contact Pe				
F-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jennafer Somers de Gale (Name of Contact Person) (Area Code) (Daytime Telephone Number) Finchosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [In \$150.00 Filing Fees				
For further information concerning this matter, please call: Jennifer Somers de Gale (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) [Inclosed is a check for the following amount: (All checks processed by this office must be p	F-mail Address (to 1	e used for future annual re	mort notifications)	
Dennifer Somers de Gale				
Chance of Contact Person (Area Code) (Daytime Telephone Number)	For further informati	on concerning this ma	tter, please call:	l:
Enclosed is a clicck for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees	Jennifer Somers de G	ale	ut (404	918-9395
dollars and drawn on a bank located in the United States) S150,000 biling Fees	(Name of Conta	ict Person)	(Area Code	de) (Daytime Felephone Sumber)
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certificate of Status Certificate	dollars and drawn on \$150,00 Filing Fees	a bank located in the DS155 00 thing tree.	United States) ⊞8180.00 Films	ng toes 98185 00 Filing Lees,
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Tallahassee, F1, 32314 Tallahassee, F1, 32303 Tallahassee, F1, 32303			and Certified Co	
	New Filing S Division of C P.O. Box 632	ection orporations 7		New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Biomia, LLC
(Futer Same of Other Business Entity)
The "Other Business Entity" is a Circuited Liability Company (Liner 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)
May 5, 2009
May 5, 2009 on
3. The name of the Florida Lamited Labrity Company as set forth in the attached Articles of Organization:
Binnia, LLC
(Line) 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.)
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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Conversal or Other Regions. Davis " he assessed a management as the factor of 1.2 to the

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 2nd day of October	20
Signature of Anthorized Representative of Limi	ted Liability Company;
Signature of Authorized Representative: Printed Name: Jennifer Somers de Gale	Down de Sale Fille: CFO, Member
Signature(s) on behalf of Other Business Entity: [
Signature:	
Printed Name, James M. de Gale	Little, CEO Member
Signature	
Printed Name	Inle:
Signature.	
Printed Name:	Fitle:
Signature:	
Printed Name:	Fitte:
Signature:Printed Name:	
Printed Name:	Title:
Signature.	
Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or the Directors or Officers have not been selected, an India.	
If Florida General Partnership or Limited Liabili	ty Partnership;
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> , General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person	
Eces:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00

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

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Burmia, LLC (Allor contain the words Trained Eablity Company, T.L.) For TECT ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 2373 Bishop Estates Rd Jacksonville, FL 32259 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (the Limit of Farolite Company cannot serve in 85 soon Registered Agent Common described an individual or another resource office with an active Conductorisation of The name and the Florida street address of the registered agent are: Jeannelle Somers on Gale Name 2375 Bishop Estates Rd Florida street address (P.O. Box NOT) acceptable) Jocksonville (ity // Eip Having been named as registered agent and to accept service of process for the above stated limited liability company, at the place designated in this certificate. Thereby accept the appointment as registered agent and agene to designated in this continuous of my dates, and Limitantifier with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. (CONTINUED) (CONTINUED) (CONTINUED)	ARTICLE I - Name:	: .	,
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 2373 Bishop Estates Rd Jacksonville, FL 32259 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (the Limit of Londin Company cannot serve as as own Registered Agent Agent Voicina designate an individual or another insulase cutar with an active forcia registered agent are: Janualar Somers as Gale Name 2373 Bishop Estates Rd Florida street address of the registered agent are: Jacksonville 11 32259 City 7ip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this expectate. Thereby accept the appointment of registered agent and one cept service of groves for the above stated limited liability company at the place designated in this expectate. Thereby accept the appointment of registered agent and one center in this capacity. Turking agree to comply with the provisions of all saturdes relating to the proper and complete performance of my dance, and I am familiar with and accept the obligations of my position or registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (RI QUIRLD) (CONTINUED)	The name of the Uimited Liability Compar	ay is:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 2373 Bisnop Estates Rd Jacksonvillo, FL 32259 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (the United Conflict Company cannot serve a record Registered Agent Von most designate an individual of another missions control with an active tourid registerion.) The name and the Florida street address of the registered agent are: Journal of Somers one Gale Name 2373 Bisnop Estates Ro Florida street address (P.O. Box NOT acceptable) Jacksonville 1 32259 City Tip Thorng been named as registered agent and to accept service of process for the above stated limited liability compount at the place designated in this certificate. Thereby accept the appointment of registered agent and agree to act in this capacity. Turther agree to comply with the provisions of all stantes relating to the proper and complete performance of my daties, and can familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (RI QUIRLD) (CONTINUED)			·
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 2373 Bishop Estates Rd Jacksonville, FL 32259 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Cutoffic Company cannot serve a system Registered Agent You must designate an individual or another ousness contay with an active Chonda registration. The name and the Florida street address of the registered agent are: Jennolar Somers of Gale Name 2373 Bishop Estates Rd Florida street address (P.O. Box NOT acceptable) Jackson alla Til 32259 City City City Tip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relating to the proper and complete performance of my dances, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Registered Agent's Signature (REOURED) (CONTINUED)	(Musi contain the svords "I minted)	Cability Company, A.A.C. "or ALC.")	
2373 Bishop Estates Rd		the principal office of the Limite	ed Liability Company is:
Jacksonville, FL 32259 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Che I miled Catolite Company cannot serve as assown Repiscoed Agent You must designate an individual or another ousness control with an active Chorida registration (The name and the Florida street address of the registered agent are: Jerundor Somers de Gale Name 2373 Bishop Estates Rd Florida street address (P.O. Box NOT acceptable) Jackson allo TT 32259 City /ip Having been named as registered agent and to accept service of process for the above stated limited liability component at the place designated in this cortificate. Thereby accept the appointment as registered agent and agree to act in this capacity. Turther agree to comply with the provisions of all stantes relating to the proper and complete performance of my dates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)	Principal Office Address:	Mailing Address:	
The name and the Florida street address of the registered agent are: Jennifer Somers de Gale Name 2373 Bishon Estates Rd Florida street address (P.O. Box NOT acceptable) Jacksonalla Tij 32259 City Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this capacity. Turther agree to comply with the pravisions of all statutes relating to the proper and complete performance of my dates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (RI QUIRED)			
Jacksonalle 11 32259 City Thorida street address (P.O. Box NOT) acceptable) Jacksonalle 11 32259 City Tip Thorida street agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. Thather agree to comply with the provisions of all statutes relating to the proper and complete performance of my dates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (RI QUIRED)	(The Limited Catality Company cannot serve as as owr obsuress cutay with an active Clorida (egistration))	r Registered Agent. You must de agrate an	
Plorida street address (P.O. Box NOT acceptable) Jacksonalle		-	
2373 Bishop Estates Rd Florida street address (P.O. Box NOT acceptable) Jacksonville (ity 7ip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. Turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dataes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., Registered Agent's Signature (RI QUIRED)	Jennifer Somers de Gal		
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. Turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S., Registered Agent's Signature (RI QUIRED)			
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S., Registered Agent's Signature (RI QUIRED)			
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,			
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S Registered Agent's Signature (RI QUIRED)	·		
liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., Registered Agent's Signature (RI QUIRED)	,,	, ,,,	
(CONTINUED)	liability company at the place designare registered agent and agree to act in this estatutes relating to the proper and compactions of my position	ned in this certificate, Thereby accupacity. I turther agree to compolete performance of my dunes, a as registered agent as provided to	cept the appointment as ly with the provisions of all nd I am familiar with and
	1	•	60

<u>Title:</u>	Name and Address:	
"AMBR" - Nuthorized Member		
"MGR" Manager		
MGR	James M. de Gale	
	2373 Bishop Estates Rd	
	Jacksonville, FL 32259	
MGR	Jennifer Somers de Gale	
	2373 Bishop Estates Rd	
	Jacksonville, FL 32259	
	·-	
		
(Use attachment if necessary)		202
is so with the transfer of the		;
		= = = = = = = = = = = = = = = = = = = =
ARTICLE V: Other provisions, if any.		1.5
		(
		· ma
	,	- 22 -
REQUIRED SIGNATURE:		iri C
	- 1.01 yell	
175 e 4 4		_
Signature of a member or at This document is executed in recondance w	n authorized representative of a me (th section 605.0203 (1) (b). Florida Statutes.	nber Lamanas dar
any false information submitted in a docume as provided for in \$817.155.1.8	ent to the Department of State constitutes a thi	rd degree felony
Jennifer Somers de Gale		
Турс	ed or printed name of signee	
	Filing Fees	
S125.00 Filing Fee for Articles of S 30.00 Certified Copy (Optional	Organization and Designation of Ro 5 5.00 Certificate of Stati	
s some content of tolynoman	a som Ceruncate of Stati	іх (Орионаі) —

STATE OF GEORGIA

Secretary of State

Corporation Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Karen C Handel, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

Bimmia, L.L.C.

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on May 5, 2009 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

2024 FEB -8 AM 9: 10



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on May 5, 2009

Karen C Handel Secretary of State

Control No: 09032129 Date Filed: 05/05/2009 02:37 PM Karen C Handel Secretary of State

May 05, 2009

ARTICLES OF ORGANIZATION FOR GEORGIA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Bimmia, L.L.C

The principal mailing address of the Limited Liability Company is:

1637 Beacon Hill Blvd Atlanta, GA 30329

The Registered Agent is:

James M deGale 1637 Beacon Hill Blvd Atlanta, GA 30329 County:

The name and address of each organizer(s) are:

James M ceGale 1637 Beacon Hill Blvd Atlanta, GA 30329

The optional provisions are:

No optional provisions

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the date set forth below

Signature(s):

Date:

Organizer, James M deGale

May 05, 2009

2024 FEB -8 MM 9: 10