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	(Requestor's Name)	
	(Address)	<del></del>
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	-
	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	



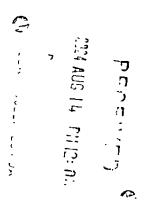


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OF STORE

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/13/2024	Cheyanne Davis (850) 202-1882	
Name:	Cheyanne Davis	_	
Reference	e #: <b>2465795</b>	_	
	ne: PLYMOUT	H MUSE, L.L.C.	2024 :
<b>√</b> Art	cicles of Incorporation/Authorization		2024 AUG 14 - AS 9
☐ Ch	ange of Agent		63 9:47
☐ Re	instatement		
<b></b> ✓ Co	nversion		
□ Ме	erger		
☐ Dis	ssolution/Withdrawal		
☐ Fic	ctitious Name		
<b>✓</b> Otl	her PLEASE INCLUDE CERTIFIE	D COPES AND CERTIFICATE OF STA	ATUS
Authorize	d Amount: <b>\$185.00</b>		
Signature	Cayancers		

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/13/2024	<u> </u>	(850) 20	)2-1882
Name:	Cheyanne Da	avis		
	246579			
	<u> </u>		USE, L.L.C.	2024 J
Article	es of Incorporation/Andment age of Agent			124 AUG 14 AM 9: 47
_	ersion			
	er olution/Withdrawal ous Name			
✓ Other	PLEASE INCLUE	DE CERTIFIED COP	PES AND CERTIFICAT	E OF STATUS
Authorized A	Amount: <b>\$</b>	185.00		
Signature: _	Crayant Dia			

F: +852.2682.9790

## **COVER LETTER**

TO:	New Filing Son Division of C						
SUBJI	FCT. PLYMOU	JTH MUSE, L.L.C.					
SUDO		(Name of Res	sulting Florida Lim	ted Cor	mpany)	•	
					nd fees are submitted to decordance with s. 605.10		"Other
Please	return all corre	espondence concernin	g this matter to:				
Daniel	A. Barrera, ESC	<b>Q</b> .				5	2024 AUG 14 AM 9: 47
		(Contact Person)		_		[ ]	) H
Lerch E	Early & Brewer,	Chtd.				===	=======================================
		(Firm/Company)		_		Ç) C) r	.b-
7600 V	Visconsin Ave, S	Suite 700				INLLAHASSEE, I	
	<del></del>	(Address)		_			ά
Bethes	da, MD, 20814					נדו	17
	((	City, State and Zip Code)					
dabarr	era@lerchearly.	com		_			
E-m	ail Address: (to b	e used for future annual re	port notifications)				
For fu	rther informati	on concerning this ma	tter, please call:				
Daniel	A. Barrera		at ( <sup>301</sup>	347-	1267 ytime Telephone Number)		
	(Name of Conta	ict Person)	(Area Code	) (Day	ytime Telephone Number)	-	
		or the following amou a bank located in the		proces	sed by this office must b	e payable	in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	☐S180.00 Filing and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C	ection		New Divis	et Address: Filing Section sion of Corporations		
	P.O. Box 632				Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 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 Articl	ee of Conv	ereign ereign	ie.
PLYMOUTH MUSE, L.L.C.		307	13. te =
(Enter Name of Other Business Entity)		Ö	
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common	- X.	÷	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	177.		·
First organized, formed or incorporated under the laws of	7157	3:5	المكتب
(Enter state, or if a non-U.S. entity, the	name of the	country	<i>(</i> )
July 13, 1995			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Or	ganiza	ition:
PLYMOUTH MUSE, L.L.C.			
(Enter Name of Florida Limited Liability Company)	•*		
4. If not effective on the date of filing, enter the effective date: August 15, 2024			
(The effective date: Cannot be prior to date of receipt or filed date nor more than 9 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 dat document's effective date on the Department of State's records.	00 calendar		

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 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 13th day of August	20 <u>_24</u> .		
Signature of Authorized Representative	e of Limited Liability Company:		
	E-SIGNED by Lewis I. Winarsky		
Signature of Authorized Representative: Printed Name: Lewis I. Winarsky	Title: Manager	_	
Signature(s) on hehalf of Other Rusiness	s Entity: [See below for required signature(s)]		
E-SIGNED by Lewis I. Winarsky	SERVICES   See below for required signature(s)		
Signature: on 2024-08-13 09:56:59 CDT Printed Name: Lewis I. Winarsky	Title: Manager	-	
		-	
Printed Name:	Title:	- = '	2021
	Title:	ŗ:	2024 AUG 14
Signature:	Title	- 2::	 G
		- 728 - 728	
Signature:Printed Name:	Title:	- m	fill 9: 47
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Signature:	Title:	- m	7
Signature:	Title:	-	
		-	
If Florida Corporation: Signature of Chairman, Vice Chairman, Di	irector, or Officer		
If Directors or Officers have not been select			
If Florida General Partnership or Limit	ed Liability Partnershin:		
Signature of one General Partner.			
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Organ Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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..

> E-SIGNED by Eric Hood on 2024-08-13 09:19:09 CDT Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Α	R"	ľ	C	F	IV-

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	
MGR	Lewis I. Winarsky
	1058 N. TAMIAMI TR, STE 108-252
	SARASOTA, FL 34236
<del></del>	
<del></del>	
	<u> </u>
	<u> </u>
	ப்
(Use attachment if necessary)	ZS SS
	<u></u>
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
E-SIGNED by Lewis I. Winarsky	
on 2024-08-13 09:57:02 CDT	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lewis I. Winarsky

Typed 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)