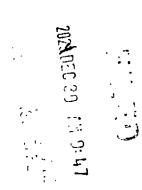


(Requestor's Name)
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## **CT CORP**

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D	ate:	12/30/2024	- w: 1 > W
		Acc#I20160000072	- 4n: () - W
Name:	Park Golf E	ntertainment, LLC	
Document #:			
Order #:	16063965		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			2024 DEC 30 EL 9: 47
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:	✓	Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	150.00	

Thank you!

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Artic	cles of Conv	20 Graion	is:
Park Golf Entertainment, Inc.	<u>.</u> . :	03	
(Enter Name of Other Business Entity)	• •	3	
2. The "Other Business Entity" is a	: : : : : : : : : : : : : : : : : : : :	က် ———	<u> </u>
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	non law or bus	iness tru	st, etc.
Florida	1 1	Ċ	٠ .
First organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the state of	he name of the	country	)
on			
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Or	ganiza	tion:
Park Golf Entertainment, LLC			
(Enter Name of Florida Limited Liability Company)	<b>—</b> '		
4. If not effective on the date of filing, enter the effective date: December 31, 2024 (The effective date: Cannot be prior to date of receipt or filed date nor more than 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 d 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 "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.

\$5.00 (Optional)

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

rincipal office of the Limited Liability Company
102
rincipal office of the Limited Liability Company
: o
Mailing Address:
**
2015 Cattlemen Road, Suite A
Sarasota, Florida 34232
d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
registered agent are:
stered Agent. You must designate an individual or another
registered agent are:
registered agent are:
registered agent are:  e  A  D. Box NOT acceptable)
registered agent are:  e  A  D. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

- A M R M - = A utborged Member	Name and Address:
'AMBR" = Authorized Member "MGR" = Manager	
MGR	Jeffrey P. Koffman
	2015 Cattlemen Road, Suite A
	Sarasota, Florida 34232
MGR	David Koffman
	2015 Cattlemen Road, Suite A
	Sarasota, Florida 34232
<del></del>	
	<u></u>
	· :-
Use attachment if necessary)	
LE V: Other provisions, if any.	
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awanent to the Department of State constitutes a third degree with the section of State constitutes and the section of State constitutes as the section
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.  Jeffrey P. Koffman	with section 605.0203 (1) (b), Florida Statutes, I am awa ment to the Department of State constitutes a third degree With Mills (1) (b), Florida Statutes, I am awa Mills (1) (b), Florida Statutes, I am awa ment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.  Jeffrey P. Koffman	with section 605.0203 (1) (b), Florida Statutes. I am awa

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)