# L25000005025

(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;
1/2- carectons
1461 W24000142546

Office Use Only



200436978282

### **COVER LETTER**

<b>TO:</b> New Filing Se Division of Co					
SUBJECT: Sagesse	•				
SUBJECT:	(Name of Res	ulting	Florida Lim	nite	ited Company)
					ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this	s matter to	:	
Barbara Guth					
	(Contact Person)			_	-
Sagesse Holdings, LLC					
	(Firm/Company)			_	<del></del>
4540 NE Sandpebble T	race, #301				
	(Address)				<del>-</del>
Stuart, FL 34996					
(C	ity, State and Zip Code)				-
barbara@sagessesrte.	com				
E-mail Address: (to be	used for future annual re	port n	otifications)		-
For further information	on concerning this ma	tter, j	please call:		
Barbara Guth		at (	917	1	216 7594
(Name of Contac	t Person)	~ (			) (Daytime Telephone Number)
Enclosed is a check for dollars and drawn on a	_			pro	processed 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		S180.00 Filin Certified Co		g Fees E \$185.00 Filing Fees, py Certified Copy, and Certificate of Status
Mailing Addr	ess:			S	Street Address:
New Filing Se	ction			Ŋ	New Filing Section
Division of Co	-				Division of Corporations
P.O. Box 6327	•			1	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



October 18, 2024

BARBARA GUTH SAGESSE HOLDINGS, LLC 4540 NE SANDPEBBLE TRACE, #301 STUART, FL 34996 US

SUBJECT: SAGESSE HOLDINGS, LLC

Ref. Number: W24000142946

We have received your document for SAGESSE HOLDINGS, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Rickey L Richardson Regulatory Specialist II

www.sunbiz.org

Letter Number: 124A00023095

# **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 Articles of Conversion is: Sagesse Holdings, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3/30/2005
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Sagesse Holdings, LLC
(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 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 "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.

Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: \$25.00 Certified Copy: \$30.00 (Optional)	Signed this 4 day of November	20_24
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature: Printed Name: Barbara Grand Title: CED  Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Signature of Authorized Representative of Limi	ted Liability Company:
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature: Printed Name: Barbara Grand Title: CED  Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)		
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Signature: Printed Name: Parblant Gram Title:  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Printed Name: Barbara Guth	nile: OEO
Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person. Fees:  Articles of Conversion: Fees: Articles of Conversion: Signatures of S125.00 Certified Copy: S30.00 (Optional)		
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Printed Name:		
Printed Name:	Signature:	
Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title:  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization: \$25.00 Certified Copy: \$30.00 (Optional)	Printed Name:	Title:
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Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Articles of Conversion:	\$25.00
Certified Copy: \$30.00 (Optional)	*	•
A F	_	
	Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<u>.</u>
The name of the Limited Liability Con	npany is:
Canada Haldiana III C	
Sagesse Holdings, LLC	ted Liability Company, "L.L.C.," or "LLC.")
(Must contain the words "Limi	ted Liability Company, L.L.C., or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4540 NE Sandpebble Trace, #301	4540 NE Sandpebble Trace, #301
Stuart, FL 34996	Stuart, FL 34996
Barbara Guth	
	Name
4540 NE Sandpebble	e Trace, #301
Florida street addr	ess (P.O. Box NOT acceptable)
Stuart	FL 34996
City	Zip
Uming hear named as registered as	ant and to accent semiles of presents for the above stated limite

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, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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 (REQUIRED)

(CONTINUED)

### **ARTICLE 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	Barbara Cuth
AMBR	Barbara Guth
	4540 NE Sandpebble Trace, #301
	Stuart, FL 34996
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(000 0000000))	
LE V: Other provisions, if any.	
,	
REQUIRED SIGNATURE:	
\\rangle \( \)	
7	
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware ti
any false information submitted in a document as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree fel
-	
BANDAVL G	<i>nuth</i>
Tvr	ped 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)