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## **CT CORP**

# (850) 656- 4724

#### 3458 lakesore Drive Tallahassee, FL 32312

D	ate: 01/24/2025	00072 W: CDW
	Acc#I2016000	00072
Name:	R.S Crawford Family LLC	
Document #:		$\sim$
Order #:	16104494	13
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination  Number of Certs:	ation:
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 180.00	

Thank you!

#### **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 Conv. R.S. Crawford Family Limited Partnership	version is:
(Enter Name of Other Business Entity)	[
2. The "Other Business Entity" is a limited partership  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or bus	<u> </u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or bus	iness trust, etc.)
First organized, formed or incorporated under the laws of	2
(Enter state, or if a non-U.S. entity, the name of the	country)ı
on June 7, 2012  (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or R.S. Crawford Family LLC	ganization:
(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 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 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.

Signed this 17 12 day of January	2025		
Signature of Authorized Representativ	e of Limited Liability Company:		
Signature of Authorized Representative: Printed Name: Richard S. Crawford	Title Manager		
Fillited Name. Nichard S. Grawford	Title y manager		
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]		
Signature:			
Signature: Pichard Crawford	Title: Manager of General Partner		
Printed Name: Richard S. Grawford	Title: Manager of General Partner		
Signature:	`		
Printed Name:	Title:	297	
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Signature:			
Printed Name:	Title:		
If Florida Corporation:	mater or Officer		
Signature of Chairman, Vice Chairman, Dir If Directors or Officers have not been select	·		
if Directors of Officers have not been scient	ed, an incorporator must sign.		
If Florida General Partnership or Limite	d Liability Partnership:		
Signature of one General Partner.			•
TATEL TO THE TAX TO TH			
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	d Liability Limited Partnership:		
organities of ADD General Partners.			
All others:			
Signature of an authorized person.			

Articles of Conversion:

Fees:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (	Company is:		
R.S. Crawford Family LLC			
(Must contain the words "	'Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the Limited Liability	Company is:	
Principal Office Address:	Mailing Address:		
9774 Bent Grass Bend	9774 Bent Grass Bend	•	
Naples, Florida 34108	Naples, Florida 34108	- 2	
			<del></del> _
ADTICLE III Degistered Agent	, Registered Office, & Registered Agent's Signa	ture: \\	- <u>5</u>
	as its own Registered Agent. You must designate an individual or a		
The name and the Florida street add	dress of the registered agent are:	2	フ
Richard S. Crawf	ford	4	
	Name		
9774 Bent Grass	Bend		
Florida street a	address (P.O. Box <u>NOT</u> acceptable)		
Naples	FL <sup>34108</sup>		
	City Zip		

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)

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Richard S. Crawford

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	Richard S. Crawford
	9774 Bent Grass Bend
·	Naples, Florida 34108
·	
(Use attachment if necessary)	
,	
CLE V: Other provisions, if any.	
nited liability company shall be manager-m	nanaged for purposes of Section 605.0407 of the Florida
mod nabinty company snan be manager-n	
ed Limited Liability Company Act and other	

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)