# L25000048764

(Requestor's Name)
(Address)
(Address)
( Canada)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Faith Now)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SEGRETARY OF STATE

023 JAN 10 PM 2: 55



## State of Florida Department of State

I certify from the records of this office that SOUTHERN PERK LLC is a Louisiana limited liability company authorized to transact business in the State of Florida, qualified on May 5, 2021.

The document number of this limited liability company is M21000006408.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on January 8, 2025, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of January, 2025



Secretary of State

Tracking Number: 0296208775CR

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

#### **COVER LETTER**

TO:	New Filing Solution of C				
CHD	JECT: Southern	•			
SUB	)EC1;	(Name of Res	sulting Florida Limit	ed Cor	npany)
			•		nd fees are submitted to convert an "Othe accordance with s. 605.1045. F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
DeWi	tt D. Clark, Esq.				
	··	(Contact Person)			
Anche	ors Smith Grimsle	ey, PLC			
-		(Firm/Company)		•	
909 N	dar Walt Dr., Suit	e 1014			
	•	(Address)	<del>-</del> · ·	-	
Fort V	Walton Beach, FL	. 32547			
	(1	City, State and Zip Code)		•	
dclar	(@asglegal.com				
E-	mail Address: (to b	oe used for future annual re	port notifications)	Ē	
For fi	urther informati	on concerning this ma	tter, please call:		
DeWi	itt D. Clark		_at ( <u>850</u>	863-	4064
	(Name of Conta	act Person)	(Area Code)	(Da	ytime Telephone Number)
		for the following amou a bank located in the	•	roces	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees for Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New	et Address: Filing Section sion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

#### **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:  Southern Perk, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liablity company  (Enter 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 31, 2020 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Southern Perk, 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.

Signed this 200, day of January	
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:Printed Name: Michele Carlton	
Signature(s) on behalf of Other Business Entity:	
Signature: Michele Carlton	
Printed Name: Michele Canton	Title: Member
Signature: Deceld Coding	
Printed Name: Donald Carlton	Title: Member
Signature: Printed Name:	
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 If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$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:	
Southern Perk, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3525 Salt Grass Dr. W	8525 Salt Grass Dr. W
Pensacola, FL 32526	Pensacola, FL 32526
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
DeWitt D. Clark	
Name	<del></del>
909 Mar Walt Dr., Suite 1014	. <u>.                                   </u>
Florida street address (P.O.	Box NOT acceptable)
Fort Walton Beach	FL 32547
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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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michele Carlton
· · · · · · · · · · · · · · · · · · ·	8525 Salt Grass Dr. W
	Pensacola, FL 32526
MGR	Donald Carlton
<del></del>	8525 Salt Grass Dr. W
	Pensacola, FL 32526
(Use attachment if necessary)	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	24m
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware then to the Department of State constitutes a third degree features.
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605 D303 (1) Asy \$1(4) e.g
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware a nent to the Department of State constitutes a third degree fell
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