# L25000062769

(Requestor's Name)	
(Address)	
(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:	
W25000010001 2-7-25	
2-7-25	

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2025

JAMIE SEIBEL 12901 PHILIPS RD PUP LIFE LLC GROVELAND, FL 34736 US

SUBJECT: PUP LIFE LLC Ref. Number: W25000010001

We have received your document for PUP LIFE LLC and check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The printed name and signature on behalf of the "Other Business Entity" is missing from the document. Please place the printed name and signature on the designated lines.

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.

Monique K Anderson Regulatory Specialist II

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Letter Number: 925A00001625

... <u>...</u>

#### **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.

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 6th day of January	_20 <u><b>25</b></u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	o deily
Printed Name: Ownic School	Title: Owner
CATHE CALCE	Title.
Signature(s) on behalf of Other Business Entity:	
Signature: Seine Seine Seine	
Printed Name (C Marie )	Titles C. A. C. C.
Timed Marks 500 Tice as 150	Title: ON 12
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	<b>7</b> :1
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Printed Name:	Title:
0.	
Signature:Printed Name:	Tide
rinted Name.	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	ty Ennited Farthership.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Pup LTI-E LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6901 Phillips Rd Graveland, FL 34736	Same_
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: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
Janie Seibel	
Name	_
12901 Phillips Florida street address (P.O.	Box NOT acceptable)
Grove land City	FL 34736 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	eture (REQUIRED)

(CONTINUED)

ARTICLE IV-	
Company:	n authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Jamie Seibel 12901 Phillips Rd Groyeland, Fl. 34736
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	2025 55
REQUIRED SIGNATURE:	ጉ

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.

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)