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(Re	equestor's Name)	
(A	ddress)	
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

W21000 B001

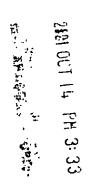


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#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: OGravity LLC (EIN 84-1978590) (Name of Resulting Florida Limited Company)			
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.			
Please return all correspondence concerning this matter to:			
Stephanie Martin (Contact Person)			
(Firm/Company)			
10322 Flat Stone Loop (Address)			
Bonita Springs FL 34135 (City, State and Zip Code)			
Stephaniemartin. bc @amil. com E-mail Address: (to be used for future annual report notifications)			
For further information concerning this matter, please call:			
Stephanie Martin at (774) 992-8747 (Name of Contact Person) (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)			
\$150.00 Filing Fees  '(\$25 for Conversion and Certificate of Status of Organization)  \$155.00 Filing Fees and Certified Copy  Certified Copy and Certificate of Status			
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



September 29, 2021

STEPHANIE MARTIN 10322 FLAT STONE LOOP BONITA SPRINGS, FL 34135

SUBJECT: 0 GRAVITY LLC Ref. Number: W21000130077

We have received your document for 0 GRAVITY 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 the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 121A00023548

www.sunbiz.org

## **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  Zero (Travity LL (Laurity)  (Enter Name of Other Business Entity)	Conve	rsion is:
2. The "Other Business Entity" is a	or busin	ess trust, etc.)
First organized, formed or incorporated under the laws of $1000000000000000000000000000000000000$	of the c	ountry)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles  (Enter Name of Florida Limited Liability Company)	of Org	anization:
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 ca 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 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 ri which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ghts the	: amount to
	F	6-9 6-9

Signed this 12 day of September	_20_ <i>_21</i>			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative:  Printed Name: Stephane Martin	Thile: owner/manhor			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
Signature: Stephanie Martin Printed Name: Stephanie Martin				
Signature:Printed Name:	_ Title:			
Signature:Printed Name:				
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: 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:	
(Must contain the words "Limited Liability	0 1102 - 910"
ADTICLE II - Address:	EIN 34-1978590  ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10322 Flat Stone Loop Benita Springs, FL 34135	
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	
<u>Stephanie Mar</u> Name	rtin
10322 Flat Stone Florida street address (P.O.	
Bonita Springs	FL 34135
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	nature (REQUIRED)
(CONTIN	UED) 234 00

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE: 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. Stephanie Martin
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)

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

ARTICLE IV-