# 

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
	ocument Number)	
, Sc	seament Hambery	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





04/19/22--01019--009 \*\*155.00







## ARTICLES OF CONVERSION

#### FOR

#### "OTHER BUSINESS ENTITY"

### INTO

## FLORIDA LIMITED LIABILITY COMPANY

The <u>Articles of Conversion</u> and attached <u>Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Fla. Stat. § 605.1045.

- 1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Woodstock Marketing LLC.
- 2. The "Other Business Entity" is a <u>Limited Liability Company</u> first organized under the laws of the State of Virginia.
- 3. The "Other Business Entity" was formed on December 6, 2011.
- 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Woodstock Furniture, LLC.
- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this April 8, 2022.

Signature of the Authorized Rep	resentative of the Li	mited Liability Company:
---------------------------------	-----------------------	--------------------------

Signature:	Jason Cohen		
	on Cohen, Manager	<del></del>	
Required Sign	natures on behalf of the Other	Business Entity:	
Signature:	Jason Cohen		
	n Cohen, Manager		
	-,		

## ARTICLES OF ORGANIZATION

#### FOR

# WOODSTOCK FURNITURE, LLC A FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I. Name

The name of the Limited Liability Company is: Woodstock Furniture, LLC (the "Company").

# ARTICLE II.

The principal office and mailing address of the Company is:

1616 West Cape Coral Parkway Suite 102, PMB 225 Cape Coral, Florida 33914

# ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Ada Reyes	;··
FLP RA Services LLC	
	 \-
	; ;
	-
	•:
•	C

# ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Jason Cohen 1616 West Cape Coral Parkway Suite 102, PMB 225 Cape Coral, Florida 33914

# ARTICLE V.

The Effective date shall be the date of filing.



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.

Jacquelyn Cohen	
Authorized Representative/Member	