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PICK-UP	WAII	MAIL
(Busine	ess Entity Name)	<u> </u>
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Certified Copies	Certificates of	Status
Special Instructions to Filir	a Officer:	
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Office Use Only



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COVER LETTER

TO:	New Filing : Division of	Section Corporations				
SUBJ	ECT: MONTE	EREY INTERNATIONAL	LLC			
		(Name of Re	sulting Florida L	imited Co	mpany)	
The er Busine	nclosed Article ess Entity" int	es of Conversion, Artico o a "Florida Limited L	cles of Organizability Comp	zation, a any" in a	nd fees are submitted to conver accordance with s. 605.1045, F.	t an "Other S.
Please	return all cor	respondence concernir	ig this matter t	0:		
SUELL	EN WEINER					
		(Contact Person)				
	·	(Firm/Company)	<u></u>			
7263 S	W 94TH AVE	(Address)				
OCALA	A, FL 34481	(riddress)				
	358@GMAIL.C	City. State and Zip Code) COM Declared for future annual re	port notifications	;)		
		on concerning this ma				
	EN WEINER	_	_at (2808	
•	(Name of Conta	ict Person)			rtime Telephone Number)	
		or the following amount a bank located in the			sed by this office must be payal	ole in US
(\$25 for	00 Filing Fees Conversion or Articles ization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified C	_	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	

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. <u>M</u>	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ONTEREY INTERNATIONAL, INC.
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a S-CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
Δņ	12/07/1994
Ou	12/07/1994 (date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ONTEREY INTERNATIONAL, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(Ti the <u>No</u> i	the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after that document is filed by the Florida Department of State.) Let the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
5. '	The plan of conversion has been approved in accordance with all applicable statutes.
	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 thi	is 20 day of MAY	20 22
Signature	of Authorized Representative	of Limited Liability Company:
Signature	of Authorized Representative: 2	Mu Mile: AMBR
Printed Na	me: SUELLEN WEINER	Title: AMBR
Signature((s) on behalf of Other Business E	ntity: See below for required signature(s)
Signature:	The when	
Printed Na	me: SUELLEN WEINER	Title: AMBR
Signature:		
Printed Nar	me:	Title:
Printed Nar	me:	Title:
Classica.		
Printed Nar	ne:	Title:
Signature		
Printed Nar	ne:	Title:
Orginature. Printed Nar	ne:	Title:
If Florida (Corporation:	
	f Chairman, Vice Chairman, Direc	etor, or Officer.
If Directors	or Officers have not been selected	d, an Incorporator must sign.
lf Florida (General Partnership or Limited	Liability Partnership:
Signature of	f one General Partner.	
If Florida I	Limited Partnership or Limited	Liability Limited Partnership:
Signatures o	of ALL General Partners.	
All others:		
Signature of	f an authorized person.	
ices:		
Arti	cles of Conversion:	\$25.00
	s for Florida Articles of Organiza	
	tificate of Status:	\$50.00 (Optional) \$5.00 (Optional)
Cert	tified Copy:	\$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
NO. TERRITORIA	
MONTEREY INTERNATIONAL. LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
7263 SW 94TH AVE	7263 SW 94TH AVE
OCALA, FL 34481	OCALA, FL 34481
-	
ADTICLE HE BOOK AND A SECOND	
AKTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ACORN LAX	AND WEALT	H LLC
	Na	me
7380 SW 60T	H AVE SUITE	4
Florida stre	et address (P	O. Box NOT acceptable)
OCALA		FL 34476
	City	Zip

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another

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)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SUELLEN WEINER
	7263 SW 94TH AVE
	OCALA, FL 34481

	<u> </u>
LE V: Other provisions, if any,	
	1)
REQUIRED SIGNATURE:	<u> </u>
Signature of a member of This document is executed in accordan	or an authorized representative of a member
Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155. F.S. SUELLEN WEINER	or an authorized representative of a member ace with section 605,0203 (1) (b). Florida Statutes, I am awar cument to the Department of State constitutes a third degree
Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155. F.S. SUELLEN WEINER	or an authorized representative of a member

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)