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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 323

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 698451 7606633

AUTHORIZATION : Sould less

COST LIMIT : \$/****50.00

ORDER DATE: May 20, 2022

ORDER TIME : 8:18 AM

ORDER NO. : 698451-015

CUSTOMER NO: 7606633

DOMESTIC AMENDMENT FILING

NAME: MOSUME DESIGNS, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION AND ORGANIZATION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

2 JUL 11 jr. c.

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 C MOSUME DESIGNS, LLC (Enter Name of Other Business Entity)	
•	
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type Example: corporation limited partnership general partnership common law of	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law o	or business trust, etc.)
Delaware Delaware	
First organized, formed or incorporated under the laws of	of the country)
9/5/2007	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	f Organization:
MOSUME DESIGNS, LLC	
(Enter Name of Florida Limited Liability Company)	
A. If you official on the data of filing, optor the official data:	
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 cale 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 n document's effective date on the Department of State's records.	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cale 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 n	

Signed this 7	day of _July	20 <u>22</u> .	
Signature of Autho	rized Representative	of Limited Liability Company:	
Signature of Authori Printed Name: Monic	zed Representative: _ a Femsell	Mow(a Fewsell Title: Member	
		Entity: [See below for required sign	nature(s)]
Signature: 7/000 Printed Name: Monica	(a Femall) a Fernsell	Title: Member	
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	
		Title:	
		Title:	
		Title:	
If Florida Corporati Signature of Chairma	ion: n, Vice Chairman, Dire		
If Florida General P Signature of one Gen		l Liability Partnership:	
If Florida Limited P Signatures of ALL G		Liability Limited Partnership:	
All others: Signature of an autho	rized person.		
Fccs:			
Articles of C	onversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 22 JUL 11 AN 5:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
MOSUME DESIGN		Linkillin Con	STATE OF THE CONTRACTOR OF THE
(Must cons	itin the words "Limited i	Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the L	imited Liability Company is:
Princip	al Office Address:		Mailing Address:
211 Murray Rd			211 Murray Rd
West Palm Beach, F	lorida 33405-3357		West Paim Beach, Florida 33405-3357
another business entity with an a	_	l agent are:	
	1201 Hays Street		
	Florida street addres	s (P.O. Box I	NOT acceptable)
	Tallahassee	FL	32301
	City	State	Zip
place designated in this certificate further agree to comply with the pi	, I hereby accept the approvisions of all statutes rebligations of my position Corporation Serv	ointment as relating to the as registered ice Compar	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and a agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Men	Name and Address:	
"MGR" = Manager	XI.	
AMBR	Monica Fernsell	
AMDA	211 Murray Rd	
	West Palm Beach, Florida 33405-33	57
		
		
		
(Use attachment if necessary		
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