LZ1000493204

(Re	questor's Name)		
(requester s realite)			
(Address)			
(333-2-3,			
(Address)			
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





600376348586

11/10/21--01008--004 **150.00

COVER LETTER

TO:	New Filing S Division of C				
SHR		dre Enterprises LLC			
SUD	JEC1		sulting Florida Limi	ted Con	npany)
			~		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Scott	Andre				
		(Contact Person)		-	
Scott	Andre Enterprise	es LLC			
		(Firm/Company)		-	
1530	Miracle Strip Pky	vy SE # 103B			
		(Address)	·	-	
Fort V	Walton Beach, Fl	orida, 32548			
	(City, State and Zip Code)		-	
scotta	andre1967@gma	il.com			
E-	mail Address: (to b	be used for future annual re	port notifications)	_	
For f	urther informati	ion concerning this ma	tter, please call:		
Scott	Andre		_at (382-1	1416
	(Name of Cont	act Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the	-	rocess	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S				t Address: Filing Section
	Division of C				on of Corporations
	P.O. Box 632	27		The C	Centre of Tallahassee
	Tallahassee,	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: cott Andre Enterprises 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 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)
or	July 24, 2006
OI.	(date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date: November 23, 2021
(T th <u>No</u>	The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) Stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed t	this 8th day of November	20 <u>21</u>
Signatu	re of Authorized Representative of J	Limited Liability Company:
~.	4	A 1. 14
Signatur	re of Authorized Representative:	[My (
Printed 1	Name: Scott Andre	Title: Manager
		ty: [See below for required signature(s)]
Signatur	re: Litate and	Title: Member
Printed 1	Name: Scott Andre	Title: Member
.	Riceland	Title: Member
Signatur	Name Lillian Andre	Tisla, Member
Printed f	Name: Lillian Andre	Title: Metupei
Signatur	re.	
Printed 1	Name:	Title:
Signatur	re:	
Printed 1	Name:	Title:
Signatur	те:	
Printed I	Name:	Title:
Cianatur	701	
Drinted 3	re:	Title:
i illitea i	Name.	Title.
If Floric	da Corporation:	
	re of Chairman, Vice Chairman, Director	r, or Officer.
_	tors or Officers have not been selected, a	
	da General Partnership or Limited Li	ability Partnership:
Signatur	e of one General Partner.	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	da Limited Partnership or Limited Lis	ability Limited Partnership:
Signatur	es of ALL General Partners.	
All othe	ers:	
	te of an authorized person.	
- · · · · · · · · · · · · · · · · · · ·	periodical	
Fees:		
1	Articles of Conversion:	\$25.00
I	Fees for Florida Articles of Organization	on: \$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:	
Scott Andre Enterprises LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Scott Andre Enterprises LLC	Scott Andre Enterprises LLC
1530 Miracle Strip Pkwy SE 103B	1530 Miracle Strip Pkwy SE 103B
Fort Walton Beach, Florida, 32548	Fort Walton Beach, Florida, 32548
Scott Andre Name	
1530 Miracle Strip Pkwy SE 103	
Florida street address (P.O.	Box NOT acceptable)
Fort Walton Beach	FL ³²⁵⁴⁸
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered 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:

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Scott Andre 1530 Miracle Strip Pkwy SE 103B Fort Walton Beach, Florida, 32548		
AMBR	Lillian Andre		
	1530 Miracle Strip Pkwy SE 103B		
	Fort Walton Beach, Florida, 32548		
(Use attachment if necessary)			
(Ose attachment if necessary)	-		
ICLE V: Other provisions, if any.			
DECLUDED SIGN ATURE.			
REQUIRED SIGNATURE:			
STAT (In	\mathcal{U}		
	<u> </u>		
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 tha		
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felor		
as provided for its sat 7.195, 1.5.			
Scott Andre			
Τv	ped 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)