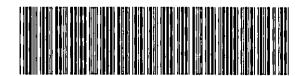
L22000114747

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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2022 FEB 24 PM 2: 48
SECRETARY OF STATE

D. O'KEEFE MAR 2 1 2022

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W21-14344

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2021

KELLY ROBERTS 2ND CORRECTION REQUEST ROBERTS LAW PLLC 2075 MAIN STREET, STE. 23 SARASOTA, FL 34237

SUBJECT: LEFEBVRE PHOTO LLC

Ref. Number: W21000143440

We have received your document for LEFEBVRE PHOTO LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the marked sections in the Articles of Conversion. A signature is missing.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 621A00026756

COVER LETTER

TO:	New Filing Se Division of C				
CUD	JECT: LEFEBV	-			
SUB	JEC1:	(Name of Res	ulting Florida Limi	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to:		
KELL	Y ROBERTS				
		(Contact Person)		-	
ROB	ERTS LAW, PLLO				
		(Firm/Company)		-	
2075	MAIN STREET,	SUITE 23			
		(Address)		-	
SARA	ASOTA, FL 34237	7			
-		City, State and Zip Code)		-	
KELL	Y@KELLYROBE	ERTSLAW.COM			
E-	-mail Address: (to b	oe used for future annual re	port notifications)	-	
For f	urther informati	on concerning this ma	tter, please call:		
KELL	Y ROBERTS		_at (<u>941</u>	\402-	3831
	(Name of Conta	act Person)	(Area Code	_) (Day	rtime Telephone Number)
		for the following amount a bank located in the	•	oroces	sed by this office must be payable in US
(\$25 t & \$12	50.00 Filing Fees for Conversion 25 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 Division of C P.O. Box 632	ection Corporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Conversion is: LEFEBVRE PHOTO 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.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
1/12/2009 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LEFEBVRE PHOTO LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11/03/2021
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after 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 not be listed as the 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 rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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SECRETARY OF STATE

Signed this 1 day of NOVEMBER	2021 .						
Signature of Authorized Representative of Limited Liability Company:							
Signature of Authorized Representative: Printed Name: DANIELLE H. LEFEBVRE	Title: AMBR						
Signature(s) on behalf of Other Business Entity: [
Signature: DANTELLE H. LEFEBVRE							
Printed Name: DANTELLE H. LEFEBVRE	Title: Member						
Signature:							
Printed Name:	_ Title:						
Signature:Printed Name:	77.1						
Printed Name:	Title:						
Signature:Printed Name:							
Printed Name:	I ille:						
Signature:	771.1						
Printed Name:	Title:						
Signature:							
Printed Name:	_ Title:						
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer.						
If Directors or Officers have not been selected, an Inc							
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)						

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SECKLIARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	l	-	Nar	ne:	

The name of the Limited Liability Company is:

LEFEBVRE PHOTO LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
520 12th Street W, Suite 202	8220 Lakewood Ranch Unit 119
Bradenton, FL 34205	Bradenton, FL 34202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DANIELLE H. LEFEB	2022 SEC FALL		
Name		2 FEB 24 CRUART LAHASSE	
520 12th Street W, Suite 20	02	SSE SSE	F
Florida street address (P.O. Bo	PH OF S C. FL		
Bradenton	FL 34205	2: 48 STATE LORID	C.J
City	Zip	₽ 	

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)

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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 AMBR	DANIELLE H. LEFEBVRE			
	520 12th Street W, Suite 202			
	Bradenton, FL 34205			
AMBR	JEFFREY C. LEFEBVRE			
	520 12th Street W, Suite 202			
	Bradenton, FL 34205			
(Use attachment if necessary)		SEUR	2022 FEB	
ARTICLE V: Other provisions, if any.	AHASSE.		24	
		- CO	70	· ·
REQUIRED SIGNATURE:		- 2	22 1 8	
Colles				

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.

DANIELLE IL LEFEBYRE

Typed or printed name of signee

Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)