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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Elegial Instructions to Filing Officer:	

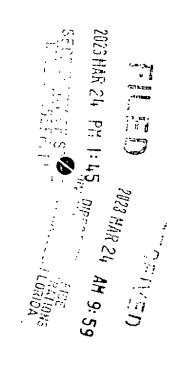
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-	(CORPORATE NAME AND I		TRAVEL LLC	
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-	(CORPORATE NAME AND I			
-		DOCUMENT #)		

Articles of Conversion For "Other Business Entity" Into



The Articles of Conversion and attached Articles of Organization 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: ABC Family Cruising and Travel LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
3/15/2011 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: ABC Family Cruising and Travel LLC
(Enter Name of Florida Limited Liability Company)
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 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 locument'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 this day of	20		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative: Printed Name: Caryn Berla	Title: Authorized Representative		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Printed Name: Caryn Berla	Title: Authorized Person		
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
runted Name.	Intie:		
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer.	Ç7 F7	202
	_		2023 HAR
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	- 13.0	12 St
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		PH
All others: Signature of an authorized person.		U.I.	ည် -
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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	sing and Travel LLC		
	(Must contain the words "Limited I.	Liability Company, "L.L.C.," or "LLC ")	
ARTICLE II -	Address:		
The mailing add	ress and street address of t	he principal office of the Limited	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
10380 SW Village	Center Dr. #368		
Port St Lucie, FL			
ARTICLE III -	Registered Agent, Regist	ered Office, & Registered Agent	
business entity with	Registered Agent, Regist Company cannot serve as its own lan active Florida registration.) e Florida street address of the	ered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	ividual or agothe 2023
business entity with	an active Florida registration.)	Registered Agent. You must designate an indi	ividual or another 2023 HAR 24
business entity with	e Florida street address of a Caryn Berla	Registered Agent. You must designate an indi	ividual or another 2023 HAR 24 PA
business entity with	e Florida street address of t Caryn Berla	Registered Agent. You must designate an indithe registered agent are:	ividual or another 2023 HAR 24 PA
business entity with	e Florida street address of the Caryn Berla N 10380 SW Village Center	Registered Agent. You must designate an indithe registered agent are:	ividual or agiother 2023 HAR 24 PA
business entity with	e Florida street address of the Caryn Berla N 10380 SW Village Center	Registered Agent. You must designate an indithe registered agent are: Vame Dr. #368	ividual or another 2023 HAR 24 PA

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 Vignature (REQUIRED)

(CONTINUED)

ARTICL	ÆΙ	[V-
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Caryn Berla
	10380 SW Village Center Dr, #368 Port St Lucie, FL 34987
	<u> </u>
(Use attachment if necessary)	
(martine is it is constantly)	<u> </u>
CLEAT OIL	
CLE V: Other provisions, if any.	
BEQUEEN CASA	
REQUIRED SIGNATURE:	
THE GOCUMENT IS EXECUTED IN SECONDANCE W	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that cent to the Department of State constitutes a third degree felony
Caryn Berla	
Туре	ed 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)