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(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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APR 1 3 2017

T SCHROEDER

COVER LETTER

TO: New Filing Section
Division of Corporations
SUBJECT: Bricks Foundation FL LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Thaiser Taylor (Comact Person)
(Firm/Company)
906 Riverbrook C+ #102 BLDG110-C_ (Address)
Tampa, FL 33403 (City, State and Zip Code)
Thaiser Taylor @gmail. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Thaiser Toulor at (813) U14-5333 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c ccccccccccccccccccccccccccccccccccc

STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 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 Artic FITOUP RX CONSUITING CAPOUR LLC (Enter Name of Other Business Entity)	tles of Co 	nversio	on is:
2. The "Other Business Entity" is a https://www.entity.com/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 Arkows, as (Enter state, or if a non-U.S. entity, the (date of organization, formation or incorporation)	ie name of t	he coun	— try)
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of C)rgani	zation:
OFICKS FOUNDATION FL, LVC (Enter Name of Florida Limited Liability Company)	·		
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more the after the date this document is filed by the Florida Department of State; AND 2) rethe effective date listed in the attached Articles of Organization, if an effective date Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	nust be ti e is listed	ne sam I there	ie as in.)
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 appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. 	isal rights	the am	iount to
	24 25	=	

Signed this 22 day of FROMMUM	_ 20
Signature of Authorized Representative of Limi	ited Liability Company:
	<i>777</i>
Signature of Authorized Representative: Printed Name: TNUISET TUMOR	\(\frac{1}{2}\)
Signature(s) on boyalf of Other Bosiness Entity:	[See below for required signature(s)]
-11. 11.11	
Printed Name: That ser Dayl cir	_Tillo: Registeral Hyer) managar
Signature:	•
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Floride Common Number and Control Control Control	A. Daving and the
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	7-1
All others: Signature of an authorized person.	
organistic of an authorized person.	
Fees:	
	\$25.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
BRICKS Foundation FL, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
906 Riverbrook of #102 15LDG 10-C Tampa FL 33603	906 Riverbrook C+ #102 BLDG10-C Tampa, FL 33603
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office. & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Thaiser Tal	glor
906 River brook C.F. Florida street address (P.O.	E102 BLDG 10 - C Box <u>NOT</u> acceptable)
Tampa	FL 33603 Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	p accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and historical agent as provided for in Chapter 605, F.S
	17 &

A	B.	ľ	C1	LF.	IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager MGR	triaiser toulor 906 Everbrook C+#102 B10510 Tampa, FL 33603	-C
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(Use attachment if necessary)		
LE V: Effective date, if other than the	he date of filing: . (OPTI	ONA
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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)