L17000136379

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



05/30/17--01023--009 **150.00

717 JUN 23 AM ID: 24

JUN 2 6 2017 T SCHROEDER

COVER LETTER

Division of C	orporations		
SUBJECT: Business	Design Express, LLC		
		sulting Florida Limited (Company)
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited L	eles of Organization, iability Company" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Kyle Pitsenbarger			
	(Contact Person)		
Business Design Express	s, LLC		
	(Firm/Company)		
1135 NW 19 PL			
	(Address)		
Cape Coral, Florida 3399	93		
((City, State and Zip Code)		
kylepitsenbarger@gmail	.com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Kyle Pitsenbarger		at (⁹³⁷) 65	58 -1717
(Name of Conta	ct Person)	(Area Code)	Daytime Telephone Number)
	or the following amou a bank located in the		essed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	s \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING	G ADDRESS:
New Filing Section		New Filing	4
Division of Corporate Clifton Building	ions	Division o P. O. Box	f Corporations
2661 Executive Cent	er		e, FL 32314

32301

Circle Tallahassee, FL

TO: New Filing Section

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" im Business Design Express	amediately prior to the filing of the Articles of Conversion is:
	ther Business Entity)
2. The "Other Business Entity" is a LLC	
(Enter entity)	type. Example: corporation, limited partnership, urtnership, common law or business trust, etc.)
First organized, formed or incorporated under to a 11/22/2014	he laws of Ohio (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
	ompany as set forth in the attached Articles of Organization:
Business Design Express, LLC	
(Enter Name of Florida Lin	nited Liability Company)
after the date this document is filed by the F. the effective date listed in the attached Artic	te of receipt or filed date nor more than 90 calendar days lorida Department of State; <u>AND</u> 2) must be the same as les of Organization, if an effective date is listed therein.) applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in	accordance with all applicable statutes.
 The "Converted or Other Business Entity" has which such members are entitled under ss. 605 	agreed to pay any members having appraisal rights the amount to 5.1006 and 605.1061-605.1072, F.S.
	AT JUN 2

Signed this 24 day of May	20_17
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative: Printed Name: Kyle Pitsenbarger	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Tyle Pitsenbaryer	Title: Owner
Signature: Printed Name: Kyk Pitanbarrek	
Printed Name: Kyk Pitsenbarrek	_ Title:owne
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
Timted Isame.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

17 JUH 23 MM 10: 24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Co
Principal Office Address:	Mailing Address:
1135 NW 19 PL	1135 NW 19 PL
Cape Coral, FL 33993	Cape Coral, FL 33993

Name

1135 NW 19 PL

Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33993

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

17 JUN 23 AM 10: 24

This document is executed in acc	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. attion submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member This document is executed in accident any false informations.	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. attion submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member This document is executed in accordance.	or an authorized representative of a member.
LE VI: Other provisions, if any. REQUIRED SIGNATURE:	17 JUN 23 AM 10: 24 SLUCY SINGS EVELOWER 7
LE VI: Other provisions, if any.	SLUG MID: STATE OF ST
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
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	Fections.
's effective date on the Department of State's	records.
he date inserted in this block does not meet th	ne applicable statutory filing requirements, this date will not be l
	be specific and cannot be more than five business
• •	e date of filing: (OPTION
Use attachment if necessary)	
···	
	-
	Cape Coral, FL 33993
	1135 NW 19 PL
President	Kyle Pitsenbarger
'MGR" = Manager	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:

ARTICLE IV-