L17000245865

(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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COVER LETTER

TO: New Filing Section Division of Corporat	ions
SUBJECT: A Sence of Touch	LLC
	(Name of Resulting Florida Limited Company)
	nversion, Articles of Organization, and fees are submitted to convert an "Othe ida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all corresponde	ence concerning this matter to:
Mary Futch	
(Cont. A Sence of Touch Inc.	ict Person)
(Firm 1983) Wiygul Rd	(Company)
Umatilla, FL 32784	ddress)
	e and Zip Code)
mary_futch2000@yahoo.com	
E-mail Address: (to be used to	r future annual report notifications)
For further information con	erning this matter, please call:
Mary Futch	at (
(Name of Contact Persor	(Area Code) (Daytime Telephone Number)
	bllowing amount: (All checks processed by this office must be payable in US located in the United States)
	.00 Filing Fees
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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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: A Sence of Touch Inc
(Enter Name of Other Business Entity)
Comparation
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of [Florida] (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
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
A Sence of Touch LLC
(EnteriName 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 afte
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.

Signed this 27th day	of November	20 <u>17</u>	
Signature of Authorized	Representative of Lim	ited Liability Company:	
Signature of Authorized R Printed Name: Mary Futch	epresentative: ////2/	w note	
Printed Name: Mary Futch	<u>'</u>	Title: MGR	_
Signatura(s) an baball af i	∬ Othan Business Entitus	[See below for required signature(s)]	
	· i	• • • • • • • • • • • • • • • • • • • •	
Signature: سوئے میں متر کر اُرز کے	12.161	Title: President	
Printed Name: Mary Futch (1	Title: President	_
,	ii)		
Signature:	- <u> </u>		
Printed Name:	<u>- U</u>	Title:	—
Signature: Printed Name:	- 0	Title:	
	1		_
Signature:			
Printed Name:	1	Title:	
Signature:			—
Printed Name:	<u> </u>	Title:	_
Signature: Printed Name:		Title:	
Printed Name:		Title:	_
rinco raine.	 		
If Florida Corporation:			
Signature of Chairman, Vic	e Chairman, Director, or	Officer.	
If Directors or Officers hav	e not been selected, an In	corporator must sign.	
<u>If Florida General Partne</u>	rshi <u>p or Limited Liabili</u>	ity Partnership:	
Signature of one General Pa	artner.		
If Florida Limited Partne	rshin or Limited Liabili	ty I imited Partnership	
Signatures of ALL General	Partiers.	ey Emiled Farthersings	
·	1		
All others; Signature of an authorized _i			
Signature of an authorized	person.		
	1		
Fees:			
Amelial and a P.C. a.	*ia=-	£25.00	
Articles of Conver	sion:	\$25.00 \$125.00	
Certified Copy:	ucies of Organization:	\$125.00 \$30.00 (Optional)	
Certificate of Statu	ال الود	\$5.00 (Optional)	
certificate of Statu	- I	φυίνο (Οριισπαι)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
1	
A Sence of Touch IILC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
	The part of the same same same same company to
Principal Office Address:	Mailing Address:
!	
19831 Wiygul Rd	19831 Wiygul Rd
Umatilla, FL 32784 \\	Umatilla, FL 32784
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis	1 Office, & Registered Agent's Signature:
business entity with an active Florida registration.)	rered Agent. For most designate an individual of another
The name and the Florida street address of the r	registered agent are:
il Mary Futch	
Name	
Nam	
i) 19831 Wiygul Rd	
Florida street address (P.O). Box NOT acceptable)
1	<u></u>
Umatilla	FL 32784
City	FL 32784 Zip
	o accept service of process for the above stated limited
	n this certificate, I hereby accept the appointment as
	city. I further agree to comply with the provisions of all
	performance of my duties, and I am familiar with and
accept the obligations of my position as reg	gistered agent as provided for in Chapter 605, F.S.
	1
112:11-11/h	<u>/_</u>
Registered Agent's Sign	nature (REOUIRED)
in a significant series of significant serie	
,	

(CONTINUED)

	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Mary Futch	
1	19831 Wiygul Rd	_
	Umatilla, Fl. 32784	-
		_
4		_
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	1*:	- a
	**************************************	- ^
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1	3 5.	7
(Use attachment if necessary)		•
ίη 11		
CLE V: Other provisions, if any.		
N		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
Marifuldo		_
Signature of a member or	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lamaware t	- tha
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel	