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(Re	questor's Name)	
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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

W100' '

T SCHROEDER

COVER LETTER

Division of Co	orporations		
SUBJECT: Ju	(St Biz LL (Name of Resi	Culting Florida Limited Com	npany)
	of Conversion, Articl	es of Organization, and	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Hinson Just 1021 Orlando	Stephens Tr (Contact Person) B1Z 11C (Firm/Company) 2 Pont Vicus (Address) FL 32830 City, State and Zip Code)	<u></u>	
E-mail Address: (to be	e used for future annual rej	oort notifications)	
For further information	on concerning this mat	ter, please call:	
Hinson S (Name of Conta	otephens ct Person)	at (407) 56 (Area Code) (Day	12-3989 time Telephone Number)
	or the following amou a bank located in the l		sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRESS New Filing Section Division of Corporate		MAILING A New Filing So Division of C	ection

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

New Filing Section

TO:

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on //23/2006 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Just Biz LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 13/31/2017. (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.
FILED 17 DEC 29 AM II: 0 SUGKEIANY OF STATE TALLAHASSEE, FLORIE

Signed this 27 day of December	_ 20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: And Printed Name: Hinson L Stephens Tr	Title: Aresident
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Am 6 At 2	
Signature: Am Astrophens Ir Printed Name: Hinsen L Stephens Ir	Title: Procident
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	rov. 1
Printed Name:	litle:
Signature:Printed Name:	and a
Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	Title.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	TALL
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: The name of the Limited Liability Company is:	
Tust Biz LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10212 Pointview Ct Orlando, FL 30836	10212 Pointview Ct Orlande, FL 32836
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Hinson L Stepher	25 Jr
Florida street address (P.O.	Box <u>NOT</u> acceptable)
<u>Drlando</u> City	FL 30836 Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S.
12	A SECONDED TO SECO
Registered Agent's Sign	C 29 ASSE

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerMG R	Hinson L Stephens Jr 10212 Pontriew Cit Orlando, FL 32836
(Use attachment if necessary)	SECTION TALLE
LE V: Other provisions, if any.	DEC 29
REQUIRED SIGNATURE:	TAITO ORIDA
This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S.	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am aware that to the Department of State constitutes a third degree felo
There I Sta	ohens JR ed or printed name of signee
1711/SPA C 2161	
Type	ed or printed name of signee Filing Fees