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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: My STOFF WORKINS LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
GEORGE FREEMAN II (Contact Person) My Stoff Works UC (Firm/Company) P.O. BOX 621468
(Address)
$\frac{O_{V(E,DO)} + U_{327(2-1468)}}{\text{(City, State and Zip Code)}}$
(City, State and Zip Code) <u>Accordo, Freeman W Freeman-Solutions</u> . Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (703) 501 344) (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 & Status \$125 for Articles of Organization) \$\$150.00 Filing Fees and Certified Copy \$\$180.00 Filing Fees and Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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:
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of VICAINIA (Enter state, or if a non-U.S. entity, the name of the country)
on July 13, 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MY STOFF WORKS L(C) (Enter Name of Florida Limited Liability Company)
(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 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.
THE MAR -7 AM

Signed this $\frac{3^{2p}}{}$ day of $\frac{1}{}$	VARCIL 20 18
Signature of Authorized Represe	ntative of Limited Ciability Company: —
	A /1/1/
Signature of Authorized Represent	ative: Title: PRESIDENT OWNER
	siness Entity: [See below for required signature(s)]
Signature(s) on benan of Other Da	isiness carry. (See below for required signature(s))
Signatura	
Signature: Printed Name: GEOCGE TEGER	MN I THE PRESIDENT DWNER
Printed Name: CR BEAR TEND	THE TESTINOT TOWARD
Signature:	
	Title
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Timed Name.	Title.
Signature:	
Printed Name:	
rinted Name.	True.
Signature:	
Printed Name:	Title:
Trined (diffe.	1700.
Signature:	
Printed Name:	Title:
Tritted Patrice	
If Florida Corporation:	
Signature of Chairman, Vice Chairm	nan Director, or Officer.
—	en selected, an Incorporator must sign.
	outside, di involpticio in ust oigni
If Florida General Partnership or	Limited Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or	Limited Liability Limited Partnership:
Signatures of ALL General Partners	
orgination of <u>read</u> deficient i artificial	•
All others:	
Signature of an authorized person.	
and the property of the party o	
Fees:	
<u></u>	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: MAR -7 AM 9:52

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

:

ARTICLE I - Name: The name of the Limited Liability Company is:			
The name of the Enfined Elability Company is.			
Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	<u></u>	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Lia	ability Compa	ny is:
Principal Office Address:	Mailing Address:		
593 4057865 GRENE LOOP OVIEDO 42 32765	P.O. BOX 621469 Ovicao FL 32	<u> 7 62 -</u> 1468 	5
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 red Agent. You must designate an indivi	Signature: dual or another	
The name and the Florida street address of the re			
GEORGE FREEL Name	AN I		
593 tosiecs	GROVE LOOP		
Florida street address (P.O.			
Ovi (City	FL 32765 Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby accept ty. I further agree to comply werformance of my duties, and I ristered agent as provided for in adure (REQUIRED)	the appointm ith the provision am familiar w	ent as ons of all vith and
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The name and address of each person authorized to manage and control the Limited Liability Company:

GEORGE FREEZENSON II 593 FOSTERS GROVE LOOP OVIEDO LA 3:2765
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n authorized representative of a member with section 605.0203 (1) (b); Florida Statutes. I am aware that the the Department of State constitutes a third degree felon

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)