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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

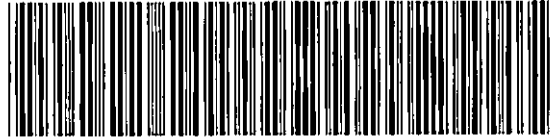
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

LEAF By Design INC.
(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

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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:
LEAF BY DESIGN (P17000042684)
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation
(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, United States of America
on 5/12/2017
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LEAF BY DESIGN LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 3/7/2018
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

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Signed this 7th day of March 2018.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: *Cindy Adler*
Printed Name: Cindy Adler Title: AMBR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: *Cindy Adler*
Printed Name: Cindy Adler Title: P

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name

The name of the Limited Liability Company is:

Leaf By Design LLC
(Must end with the words "Limited Liability Company, the abbreviation "LLC" or the designation "LLC")

(Must end with the words "Limited Liability Company; the abbreviation "LLC" or the designation "LLC"

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14615 NE 4TH AVE

Miami, Fl 33161-2105

Mailing Address:

14615 NE 4TH AVE

Miami, FL 33161-2105

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company, as the agent, shall be bound by the signature of the Registered Agent, who shall be the only person authorized to execute any documents on behalf of the Limited Liability Company.)

Individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stacie Adler

Name _____

1940 NE 62nd CT

FORT LAUDERDALE, FL 33308

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

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 provision 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.

Stacie Adler

Registered Agent's Signature (required)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Cindy Adler

14815 NE 4th Ave

Miami, FL 33161-2105

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/7/2018 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member of an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cindy Adler

Typed or printed name of signer

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