# <u>118000101579</u>

(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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02/12/18--01025--012 **++**115.03 01/11/18--01003--015 **++**35.00

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. FASON APR 2 6 2018

TO: New Filing Section Division of Corporations  SUBJECT: ALBRECH Son THENTER PRISES, 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:
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:
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:
Adea Aragan Sura
ANAIR ALBREUT-SMITH (Contact Person)
ALBRECHT SMITH ENTERPRISES, LLC (Firm/Company)
4709 MAHOGANY CT (Address)
LAND O'LAKE FL 34639 (City, State and Zip Code)
ANGIE BOJNO AOL. COM  E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: 459 939-3975
ANAIR ALBRECHT SWITH at (
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)
\$\frac{1}{2}\$\$ \$150.00 Filing Fees
STREET ADDRESS: MAILING ADDRESS:
New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee FL 32314

Tallahassee, FL 32301

## COVERLETTER -RESUBMITTED WITH ADDED SIGNATURES.

TO: New Filing Section		MODED SIGNATU
Division of Corporations		
SUBJECT: ALBRECH SMI (Name of R	THENTER PRISE Lesulting Florida Limited Co	s, LLC mpany)
The enclosed Articles of Conversion, Arti- Business Entity" into a "Florida Limited I	icles of Organization, a Liability Company" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:	
ANGRE ALBRECHT - SMITH (Contact Person)  ALBRECHT SMITH ENTREPOLS	es, LLC	
(Firm/Company)  4709 MAHOGAWY CT  (Address)		
LAND O'LAKE FL 3 (City, State and Zip Code)	34639	
E-mail Address: (to be used for future annual r		
For further information concerning this management Swith	4b9	139-3975 ytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	unt: (All checks proces	
\$150.00 Filing Fees (\$25 for Conversion and Certificate of \$125 for Articles Status of Organization)	U\$180.00 Filing Fees and Certified Copy  WOLDED APPLICATION	Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING A New Filing S Division of C P. O. Box 63	ection 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:
_	ALBRECHT SMITH ENTERPRISES INC. (Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
Fi	rst organized, formed or incorporated under the laws of FLDEIDA  (Enter state, or if a non-U.S. entity, the name of the country)
on	MAY 15 2013 (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	ALBRICHT SMITH ENTER PRISES, LLC. (Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date: TAN 1, 2018
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
th	e date this document is filed by the Florida Department of State.)
<u>No</u>	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sument's effective date on the Department of State's records.
5. <sup>-</sup>	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

 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

18 APR 16 AMII: 00
SECRETARY OF STATE

	•			
Signed this 5th day of FEBRUARY	20_18			
Signature of Authorized Representative of Li	mited Liability Company:			
Signature of Authorized Representative: DNO ( & Albrech Smith Printed Name: ALBRECHT-Spot my Title: OWNER.				
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]			
Signature: A Angie Albrecht-Smith				
Signature: 1 Angie Albrecht-Smith  Printed Name: Angie Albrecht-Smith	Title: Vresident			
Signature: Printed Name:	Title			
Signature:				
Signature: Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:Printed Name:	T'1			
Frinted Name:	1 rue:			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected an I If Florida General Partnership or Limited Liabi	Incorporator must sign.			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership;			
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:  LESS PREVIOUS PAGE	\$30.00 (Optional) \$5.00 (Optional)			
MESS PARTIONS (3010 IN)	⟨35,∞⟩			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ENTER PRISES, LLC. inted Liability Company, "L.L.C.," or "LLC.")
ited Liability Company, "L.L.C.," or "LLC.")
of the principal office of the Limited Liability Company is
Mailing Address:
P.O.BOX 784 LAND O CAKES, FL 34639
P.O.BOX 784 LAND O LAKES, FL 34639
egistered Office, & Registered Agent's Signature:

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

business entity with an active Florida registration.)

**ARTICLE I - Name:** 

ANGUE ALBRIZENT-SMITH

Name

4709 MAHOGANY COURT

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

LANG O LAKES, FL 34639

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)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	<b>A A</b>
MGR	ANGUE ALBREAT-SMITH 4709 MAHOGANY QUET
•	LAND O LAKES, FL 34639
	-
	<u> </u>
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V. Outci piovisions, ii any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	d = d = d
Angie Albrecht	
Signature of a member or an at This document is executed in accordance with:	uthorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or an au This document is executed in accordance with sany false information submitted in a document to	uthorized representative of a member
Signature of a member or an au This document is executed in accordance with sany false information submitted in a document to as provided for in s.817.155, F.S.	athorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony
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Signature of a member or an at This document is executed in accordance with any false information submitted in a document to as provided for in s.817.155, F.S.  Angle Albrech-Switt Typed of S125.00 Filing Fee for Articles of Or	athorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony or printed name of signee  Filing Fees ganization and Designation of Registered Agent
Signature of a member or an au This document is executed in accordance with s any false information submitted in a document to as provided for in s.817.155, F.S.  Angie Albrech-Switt Typed of	athorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony or printed name of signee  Filing Fees ganization and Designation of Registered Agent
Signature of a member or an author of the second of the se	athorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony or printed name of signee  Filing Fees ganization and Designation of Registered Agent  \$ 5.00 Certificate of Status (Optional)
Signature of a member or an at This document is executed in accordance with any false information submitted in a document to as provided for in s.817.155, F.S.  Angle Albrecht-Switt Typed of S125.00 Filing Fee for Articles of Or	athorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony or printed name of signee  Filing Fees ganization and Designation of Registered Agent  \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Company: