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SECRETARY OF STATE ALLAHASSEE, FLORIDA #

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MAY 29 2018 T SCHROEDER

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT:	n' Posh F	De Club Ling Florida Limited Comp	Dany)
	·	_	
The enclosed Articles Business Entity" into a	of Conversion, Article 1 "Florida Limited Lia	es of Organization, and bility Company" in acc	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corres	spondence concerning	this matter to:	
Arignm	(Contact Person)		
	(Firm/Company) E		
1701 Lon	Chin Ope St	r, Apt 308	
CHando	, FL 328	18	
(C	ity, State and Zip Code)	<u> </u>	2
E-mail Address: (to be	used for future annual rep	ort notifications)	· * }
For further informatio	n concerning this matt	ter please call:	
$\frac{1}{2}$		at (1860) Herea Code) (Days	98 8021
(Name of Contac	t Person)	(Area Code) (Dayt	ime Telephone Number)
Enclosed is a check for dollars and drawn on a	or the following amour a bank located in the U	nt: (All checks process Inited States)	ed by this office must be payable in US
\$150,00 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 Corporations		MAILING A New Filing Se Division of C	ection orporations
Clifton Building 2661 Executive Center	r Circle	P. O. Box 632 Tallahassee, I	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

lnto

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.

Signed this 18 day of May	20.1%			
Signed this C day of May				
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative: Trinted Name: Trunki Nicottey	Muntey Title: Harryer	_		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Simmun	_			
Signature: Printed Name: Cincle NineCHICY	_ Title: _ Playriage	 		
	₹9			
Signature:Printed Name:	Title:	_		
Signature: Printed Name:	Title:	_ _		
Signature:Printed Name:	Title:	<u> </u>		
Signature:				
Signature:Printed Name:	Title:	_ _		
Signature:Printed Name:		_		
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 Liability Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	TAL SI		
		CR6	18 MAY	
All others: Signature of an authorized person.		EIAKY	17 23	F
Fees:		E E E	2	ILED
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	STATE ORIDA	9: 23	J

\$30.00 (Optional) \$5.00 (Optional) Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Hot 30% Drando, FL 32818 Toll handler, FL 32818 OHande, FL 32818
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Arianna Mheatley Name
Florida street address (P.O. Box NOT acceptable)
Ortando FL 32218 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)
OF STATE FLORIDA

A	R	T	IC	F.	I١	V.,
			•	 		•

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Domiele Wheatley 1701 London Cres of Apr 308 Unconcor Fr 32818
MGR	Arrang Wheatfey 1701 Landon Crest Dr Apr 308 Orlando, FL 3288
MGR	153 Shorwood France by, April 104 Ortondo, FL 32818
· ·	SECRE AR AN 23
(Use attachment if necessary)	3 AM 9: 23 RY OF STATE SEE, FLORID
ARTICLE V: Other provisions, if any.	TATE ORIDA

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

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)