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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mindwork 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:
Melanie Milledics (Contact Person)
(Firm/Company)
10)35 Widson Way (Address)
New fort Richey FL 34654 (City, State and Zip Code) melmiletics Ognail.com
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call:
Melanic Milledics at (813) 803 2403 (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 & and Certificate of & and Certified Copy & Certified Copy, and & \$125 for Articles of Organization)
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations 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)
·
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entry type: Example: corporation, mitted partietship, general partietship, confining law or oustiess trust, etc.,
First organized, formed or incorporated under the laws of Floride (Enter state, or if a non-U.S. entity, the name of the country)
on 7-13-2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mindwack IL
(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 SEP 28 AM SECURE AND SECURE A

Signed this 25 day of September	20_18	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Melanie Milletic	Title: Owner	
Signature(s) on behalf of Other Business Entity: [See below for required signatur	re(s)]
Signature: Mela Moletas Printed Name: My Icane Willetics Signature: Musa Scottl		
Printed Name: Melissa Stotch	Title: (D-OWNUR	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit	corporator must sign.	
Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.		
All others: Signature of an authorized person.		
Fees:		18 1811
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED SEP 28 AH ID: 38 THATS I THAT I WANTED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mind work LLC (Must contain the words "Limited Liability	Company "LLC" or "LLC")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5831 Main St Weis Port Richery 34652	New Port Richer 34652
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:
Melanie Mill Name	etics
10235 Widgeo Florida street address (P.O.	Box NOT acceptable)
New Port Riche City	4 FL 34654 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Melaxie Melle Registered Agent's Signa	Atture (REQUIRED)
(CONTINU	97£ 6. 11

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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	
- Mg.C	Melanic Milletics
	New Post Richa FL 34657
	700 P. 100 P. 10
Co-Mgr	Melissa Scotch
1,	9625 Casey Dr
	New Port Cicley 34654
	>16
	The second secon
(Use attachment if necessary)	28 7
	To be in
CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	•
Melani Millo	tus
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 ment to the Department of State constitutes a third degree felony
as provided for in s.817.155. F.S.	ment to the Department of State constitutes a time degree felony
Melonia Milatio	cs.
Ту	ped 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)