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

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W18-92409

COVER LETTER

TO:	New Filing Son Division of C					
SURI	ECT: Surviving	Mommy, LLC				
SODA	ECT		ulting Florida Limi	ted Con	npany)	_
			•		nd fees are submitted to ecordance with s. 605.	
Please	e return all corre	espondence concerning	g this matter to:			
Cynthi	a Carnell					
		(Contact Person)		-		
Surviv	ing Mommy, LLC			_		
		(Firm/Company)				<u> </u>
ئرا 724 	ike Brim Drive			-		
		(Address)				ا المنظمة الما
Winter	Garden, FL 3478	7		_		4
	-	City, State and Zip Code)				<u> </u>
	Deindysimmons.co			_		ر. ور دار
E-r	nail Address: (to b	e used for future annual re	port notifications)			
For fu	ırther informati	on concerning this ma	tter, please call:			
Cynthi	a Carnell		_at (<u>404</u>)944-1	1612	
	(Name of Conta	act Person)	(Area Code)	(Day	ytime Telephone Number)	
		or the following amount a bank located in the		orocess	sed by this office must	be payable in US
/(\$25 fc & \$12:	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	\$180,00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRI	EET ADDRES	S:	MAIL	ING A	ADDRESS:	
	Filing Section		New F	_		
	ion of Corporat	ions			Corporations	
	n Building Executive Cent	er Circle	P. O. E Tallaha		FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: Surviving Mommy, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
on 3-16-205 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Surviving Mommy, LLC
(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.
e in

Signed this 11 day of October	20 <u>18</u> .		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Printed Name:	Title: Managing Member	-	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Printed Name: Printed Name:	_Title:/W/L/ MGR	<u>-</u>	
Signature:			
Printed Name:	Title:	_	
Signatura			
Signature:Printed Name:	Title:	- -	
Signatura			
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 In			
If Florida General Partnership or Limited Liabili	tv Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		*	150 721
Fees:			7 - УОН 8
Articles of Conversion:	\$25.00		70
Fees for Florida Articles of Organization:	\$125.00	<u></u>	ΓŅ
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	• ·	ÇN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Surviving Mommy, LLC.		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
724 Lake Brim Drive	724 Lake Brim Drive	
Winter Garden, FL 34787	Winter Garden, Fl. 34787	
		22: 63
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of <u>Cynthia Carnell</u>		edividual or another
	iname	•
724 Lake Brim Drive		
724 Lake Brim Drive	(P.O. Box <u>NOT</u> acceptable)	
724 Lake Brim Drive	(P.O. Box <u>NOT</u> acceptable) FL 34787	
724 Lake Brim Drive Florida street address		

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager MGR Cynthia Carnell 724 Lake Brim Drive Winter Garden, FL 34787	Title:	Name and Address:
(Use attachment if necessary) LE V: Other provisions, if any. 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.	"AMBR" = Authorized Member	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.	•	a a
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Cinthia CARPIL		iment to the Department of State constitutes a third degree fel
Typed or printed name of signee	as provided for its 8.817.133, r.s.	- H
Typed or printed name of signee	CVILYTHIA CARA	P11
	7	rad ar printed name of sience

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)