L18000285157

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2001
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Melissa GAVE
LLY PHONE TO
12/13/18
ngo, exam.

Office Use Only



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N CULLIGAN DEC 1 3 2018

COVER LETTER

Division of C	orporations		
SUBJECT: <u>FN</u>	IIGHTEN THR	DUGH ART LUC ulting Florida Limited Com	npany)
		-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
MELISSA LOF	TMAN (Contact Person)		
	POUGH ART INC (Firm/Company)	<u></u>	
1000 HAMSEN St.	(Address)	- 	
WEST PAIM BEAL	H F1 33465 City, State and Zip Code)		
ENLIGHTENHHE	UGHARTEGMUL e used for future annual re		
For further information	on concerning this mat	tter, please call:	
MELISSA LOFT	nat)	at (<u>SU</u>) <u>b7.6</u> (Area Code) (Day	1 2973 rtime Telephone Number)
	or the following amou a bank located in the	•	sed by this office must be payable in US
S150.00 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	S:	MAILING A	
New Filing Section	ts	New Filing S	
Division of Corporat Clifton Building	IOIIS	Division of C P. O. Box 633	

Tallahassee, FL 32314

2661 Executive Center Circle

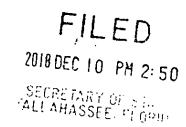
Tallahassee, FL 32301

TO: New Filing Section

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:
ENLIGHTEN THROUGH ART INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of <u>FLORIDA</u> (Enter state, or if a non-U.S. entity, the name of the country)
(Effect state, of it a non-old, the name of the country)
on 11/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ENLIGHTEN THROUGH ALT LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1 2019. (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.

Signed this Jin day of December	_20_ <u>1%</u>			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: MFUSSA (OF-IMAN)	Title: <u>CEO</u>			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Printed Name: Melisca UF-Iman	Title: "IN CORPORATOR"			
Signature:Printed Name:	_ Title:			
Signature:Printed Name:	_ Title:			
Signature:Printed Name:	_ Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	_ Title:	1181 138	2018	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		AHASSEE	2018 DEC 10 PM	FILE
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:)H 2:51	D
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	•	0	
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the v	words "Limited Liability	Company, "L	.L.C" or "LLC	.")		
ARTICLE II - Address: The mailing address and street	address of the pri	ncipal offi	ce of the Lir	nited Liability	Compan	y is:
Principal Office Address:		Mailing	Address:			
LOOP HAMEN ST	<u>-</u>	1000 H	PANSETH SI	<u></u>		
WEST PAIM BEACH		MEST F FT 33	405	4CH	_	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida re	serve as its own Registe				nother	
(The Limited Liability Company cannot	serve as its own Registe egistration.)	red Agent. Yo	ou must designal		nother	
(The Limited Liability Company cannot business entity with an active Florida of The name and the Florida street	serve as its own Registe egistration.) et address of the re	red Agent. Yo egistered a	ou must designal		nother	F
(The Limited Liability Company cannot business entity with an active Florida of The name and the Florida street	serve as its own Registe egistration.)	red Agent. Yo egistered a	ou must designal		2018 DEC 10	FILE
(The Limited Liability Company cannot business entity with an active Florida of The name and the Florida street MELIS	serve as its own Registe egistration.) et address of the re	red Agent. Yo	ou must designal	e an individual or a	2018 DEC 10	FILED
The name and the Florida street MELIS Flori	Serve as its own Registe egistration.) et address of the re SA LOFTM Name ANSEN ST	red Agent. Yourgistered at Property Box NOT	ou must designal	e an individual or a	nother	FILED

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

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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		
		
	-	
		201 S
(Use attachment if necessary)		2018 DEC
TICLE V: Other provisions, if any.		10 PM

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.

MELISA LOFTMAN

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)