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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: New Filing S Division of C			
SUBJECT: CH	1 Marketin (Name of Re	9 LLC . Stifting Florida Limited Cor	npany)
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organization, ar iability Company" in a	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g this matter to:	
Christopher	(Contact Person)		
6217 Balb	(Firm/Company) Och Circle (Address)	Apt 205	
Boca Rator	$\sqrt{FL} = 3343$ City. State and Zip Code)	33	
	e used for future annual re		
For further informati	on concerning this ma	tter, please call:	
Christopher H (Name of Conta	ahn net Person)	at (56) 41 (Area Code) (Day	A - OQ A 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	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section	S:	MAILING A New Filing S	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:
Christopher Hahn P. A Plc-92961 (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Professional Association (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) on 11/21/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (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.

Signed this 18 day of Feb	20 19	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Christopher Hahn	Title: President	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Oi f. Printed Name: Christopher Habo	Title:	-
Signature: Printed Name:	Title:	-
Signature:Printed Name:		
Signature:Printed Name:	Title	-
Signature:Printed Name:	Title:	
Signature:Printed Name:		
	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	SSEEL TLORID,
All others: Signature of an authorized person.		VORNOTI.
<u>Fees:</u>		
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:	
CH1 Marketing LLC. (Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC,")
ARTICLE H - Address: The mailing address and street address of the prince	ripal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Coll F Balboa Circle Apt. 205 Boca Raton, FL 33433	10217 Balboa Circle Apt 205 Boca Raton, FL 33433
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regi	stered agent are:
Christopher Hah	Λ
Name	
Ceal7 Balboa Circl	e Hpt. 205
Florida street address (P.O. B	
Boca Ration City	FL 33433
City	Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	evept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	(D) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S

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

"MGR" = Manager HGR Christopher Hohn L217 Balboa Circle Apt 205 Baca Rator FL 33433 (Use attachment if necessary) (Use attachment if necessary)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) Current if necessary) Current if necessary	"MGR" = Manager	6217 Balbon Circle Apt 205
(Use attachment if necessary) Current if necessary) Current if necessary		
(Use attachment if necessary) Current if necessary) Current if necessary		
(Use attachment if necessary) Current if necessary) Current if necessary		AN TOFEB 2
CLE V: Other provisions, if any.	(Use attachment if necessary)	
	CLE V: Other provisions, if any.	
		f. Hale
Ci f. Hale	 This document is executed in accordance in 	with section 605 0203 (1) (b). Florida Statutos, Lam augus that
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 felong as provided for in s.817,155, F.S.	^ \	Holos
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 falory	<u> Mristopher</u> Typ	ed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)