U9000131408

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ād | ldress) | |
| (Address) | | |
| (Cid | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700329208977

05/13/19--01030--023 **180.80

2019 MAY 13 AM 7: 49
SECRETARY OF STATE

COVER LETTER

| Division of Co | orporations | | | | |
|--|---|--------------------------|-----------------------------------|---------------|---|
| SUBJECT: TODAY I | DID IT RIGHT LLC | | | | |
| | | sulting | g Florida Limit | ed Co | ompany) |
| The enclosed Articles Business Entity" into | of Conversion, Artic a "Florida Limited L | les o labili | of Organization | on, a " in | and fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all corre | spondence concernin | g thi: | s matter to: | | |
| Aimee A. Drouin, Esq. | | | | | |
| | (Contact Person) | | | | |
| Drouin Law Offices | | | | | |
| | (Firm/Company) | | | | |
| 2005 Palmer Avenue #777 | 7 | | | | |
| | (Address) | | | | |
| Larchmont ,NY 10538 | , | | | | |
| | | | | | |
| adrouin@drouinlaw.com | ity, State and Zip Code) | | | | |
| | | _ | | | |
| E-mail Address: (to be | used for future annual re- | port n | otifications) | | |
| For further informatio | n concerning this mat | ter, p | please call: | | |
| Aimee A. Drouin, Esq. | | , | . 646 , | 583 | 1965 |
| (Name of Contac | t Person) | _at (| |) | eytime Telephone Number) |
| | , | | | | , |
| dollars and drawn on a | r the following amou bank located in the l | nt: (<i>t</i> Unite | All checks pred States) | roces | ssed by this office must be payable in US |
| (\$25 for Conversion | S155.00 Filing Fees and Certificate of Status | | 180.00 Filing F Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | : | | MAILI | NG. | ADDRESS: |
| New Filing Section | New Filing Section | | | | |
| Division of Corporatio | ons | Division of Corporations | | | |
| Clifton Building 2661 Executive Center | Cirolo | | P. O. Bo | | |
| Tallahassee, FL 3230 | | | Fallahas | see, | FL 32314 |

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: TODAY I DID IT RIGHT LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e |
| First organized, formed or incorporated under the laws of |
| June 19, 2018 on |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization |
| TODAY I DID IT RIGHT 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. |

| Signed this 17th day of April | <u> </u> | _ 20 <u>19</u> |
|--|--|--------------------------------------|
| Signature of Authorized Repres | entative of Limit | ed Liability Company: |
| - | _ | |
| Signature of Authorized Represen | tative: (Muoo | Il Wohn |
| Printed Name; Aimee A. Drouin, Esq. | | Title: Attorney of Record |
| | | |
| Signature(s) on behalf of Other B | usiness Entity: [| See below for required signature(s)] |
| Signature: Muce Muser | _ | |
| Printed Name: Aimee A. Drouin. Esq. | | Title: Attorney of Record |
| | | |
| Signature: | | |
| Printed Name: | | _ Title: |
| | | |
| Signature: | | _ Title: |
| Printed Name: | | _ little: |
| Signatura | | |
| Signature: | | _ Title: |
| Timed Name. | | _ 1 me |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florida Corporation: | | |
| Signature of Chairman, Vice Chair | | |
| If Directors or Officers have not been | en selected, an Inc | orporator must sign. |
| | | |
| If Florida General Partnership or | Limited Liabilit | y Partnership: |
| Signature of one General Partner. | | |
| If Florida Limited Dortnerskin or | . I imitad I iabilit | u Limited Dentmarshin. |
| If Florida Limited Partnership or Signatures of <u>ALL</u> General Partnership | | y Limited Partnership: |
| Signatures of ALL Ceneral Fathers | 5. | |
| All others: | | |
| Signature of an authorized person. | | |
| 6 become | | |
| Fees: | | |
| Articles of Conversion: | | \$25.00 |
| Fees for Florida Articles of | f Organization: | \$125.00 |
| Certified Copy: | | \$30.00 (Optional) |
| Certificate of Status: | | \$5.00 (Optional) |
| | | · • |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan | ly is: |
|---|--|
| TODAY I DID IT RIGHT LLC (Must contain the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 653 Astarias Circle | 653 Astarias Circle |
| Fort Myers, Florida 33919 | Fort Myers, Florida 33919 |
| | Ariel Eliza Upton Greaves Name |
| 653 Astarias Circle Florida street address | (P.O. Box NOT acceptable) |
| | |
| Fort Myers City | FL 33919 Zip |
| liability company at the place designate registered agent and agree to act in this constantes relating to the proper and compacted accept the obligations of my position and compacted the collingian acceptance. | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all elete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED) |

(CONTINUED)

| Δ | RT | 161 | F | IV_{-} |
|---|----|-----|---|----------|
| | | | | |

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

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | ARIEL ELIZA UPTON GREAVES |
| | 653 ASTARIAS CIRCLE |
| | FORT MYERS, FL 33919 |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| | |
| CLE V: Other provisions, if any. | |
| | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| $\overline{}$ | · (and) |
| () | , (()/////.c |
| | MICO SI IXIO KU- |
| This document is executed in accordant any false information submitted in a doc | r an authorized representative of a member cc with section 605.0203 (1) (b). Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felon |
| This document is executed in accordance | r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felon |
| This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | ce with section 605.0203 (1) (b), Florida Statutes. I am aware that |

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)