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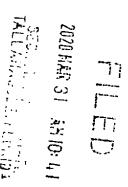
| (Requestor's Name) | | |
|---|-----------------------|-----------|
| (Address) | | |
| (Address) | | |
| (C | ity/State/Zip/Phone i | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: AGAPE BIRTH L.L.C. (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: |
| Erika Lampkin Piagetti (Contact Person) |
| (Firm/Company) |
| 352 SW South Quick Circle (Address) |
| Port St. Lucie, FL 34953 (City, State and Zip Code) |
| <u>Erikapiagetti@gmail.com</u> E-mail Address! (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (305) 432-5212 (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 & Status Status |
| Mailing Address: Street Address: |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: AGAPE BIRTH INC. |
|--|
| (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. |
| First organized, formed or incorporated under the laws of Florido (Enter state, or if a non-U.S. entity, the name of the country) |
| on 3-19-2020 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| AGAPE BIRTH L. L. C. (Enter Name of Florida Limited Liability Company) |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 5-1-2020. (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. |
| 2020 HAR 31 |

| Signed this <u>25</u> day of <u>March</u> . | 20 <u>20</u> |
|---|-------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Duke Printed Name: ERIKA L. PIAEETTI | a J PSAA |
| Signature of Authorized Representative: | Title: Peak inhead None of |
| Fillited Name. CRIRIA C. FIAOCITI | _ mic:mansiemerne rice tage! |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| | 1(v) |
| Signature: Quica L. Pragetto | |
| Printed Name: ERIKH L. PIA-GETTI | Title: President |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Timed (value) | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature | |
| Signature:Printed Name: | Title |
| Timed Name. | Title. |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| If Florida General Partnership or Limited Liabili | tu Dantnarchin. |
| Signature of one General Partner. | ty i arthership. |
| organists of the periodical arounds. | |
| <u>If Florida Limited Partnership or Limited Liabili</u> | ty Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| B | |
| <u>Fees:</u> | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACAPE BIRTH LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
|--|--|
| Principal Office Address: | Mailing Address: |
| 352 SW South Duick Circle Port St. Lucie, FL 34953 | 352 SW South Quick Circle Port St. Lucie, FL 34953 |
| 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: |
| ERIKA LAMP Name | KIN PIAGETTI |
| 352 SW SOUTH Florida street address (P.O. | |
| Port St. Lucie. | FL 34953 Zip |
| liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate. I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S |
| Registered Agent's Signa | ICOCCULINATION (REQUIRED) |

(CONTINUED)

ARTICLE IV-

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 MGR | Erika Lampkin Piagetti 352 SW South Wick Circle Port St. Lucie, FL 34953 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |
| Dewah Pie | Egelt |
| This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felong |
| <u>Erika L. Pi</u> | ped or printed name of signee |
| | Filing Food |

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