200000l08062

(Re	equestor's Name)	
(Ad	idress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		90

Office Use Only

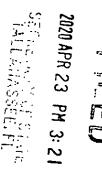
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2020

STEPHANIE MATHIEU 9445 INDIANAPOLI BLVD, #1111 HIGHLAND, IN 46222

SUBJECT: WE SMILE FINANCIALLY LLC

Ref. Number: W20000013444

We have received your document for WE SMILE FINANCIALLY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 520A00002939

2020 APR 23 PM 5: 11

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: We Smile (Name of Re	Financially LLC (sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
Stephanie N (Contact Person)	Mathieu
(Firm/Company)	
9445 Indianap (Address) Highland IN 4 (City, State and Zip Code)	olis Blud #1111
Highland IN 4 (City, State and Zip Code)	6222_
E-mail Address: (to be used for future annual re	cloud com
For further information concerning this ma	atter, please call:
(Name of Contact Person)	Vat (786) 209 9350 (Area Code) (Daytime Telephone Number)
dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) 2 \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

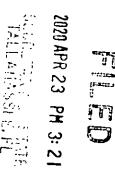
Into

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: (Enter Name of Other Business Entity) (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on35,2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
We Smile Financially LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Oct 99, 8019.
(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 29 day of Dec	20			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative:	phanie Markinger Title: Owner	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Stephanie Mathie V	Mothieux			
Printed Name: Stephanie Mathiou	Title: PSD	_		
Signature:Printed Name:		_		
Printed Name:	Title:	_		
Signature:Printed Name:		_		
Printed Name:	Title:	-		
Signature:Printed Name:	<u>-</u>	_		
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 Inc				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.			2020 £	
Fees:			7,07,0 APR 23	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	NASSLELFL	3 PM 3:21	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
We Smile Fine (Must contain the words "Limited Liability	ancially LLC (Company, "LLC," or "LLC,")
,	,
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18735 NW 42 Place Miami FL 33055	4495 Indiana polis Blod Highland IN 46320
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: ered Agent. You must designate an individual for another egistered agent are:
Florida street address (P.O.	E 204 TER 23 2
Having been named as registered agent and to	accept service of process for the above stated limite

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member	
"MGR" = Manager	
_ AMBR	ARIANA Lubin
	18735 NW42 Place
	Miami FL 33055
	
	 -
	
	
(Use attachment if necessary)	
(Obe attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
• • • • •	Sec.
• • • • •	St. Ang.
• • • • •	SECULIA TALLE
REQUIRED SIGNATURE:	SECULIARIA APR Z
REQUIRED SIGNATURE:	Markey Services APR 23
REQUIRED SIGNATURE: Alpha	ia Mathieu 88 84
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member 32
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document in a	ia Mathieu 85 8
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award the nent to the Department of State constitutes a third degree fellows.
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award the nent to the Department of State constitutes a third degree fellows.
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware to

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