L20000108880

(Requestor's Name)	
(Address)	400
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	Eri
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:	Registration Division of C			
		CTIVE WORKS LLC		
SUBJ	IECT:		Limited Liability Compan	y
Limit			ee(s) are submitted to our Business Entity" in a	
Please	e return all com	espondence concernin	ig this matter to:	
Antho	ny Morales			
		Contact Person		
MyUS	ACorporation.cor	n		
		Firm/Company		
1 Radi	sson Plaza, Suite	800		
		Address		
New R	Rochelle, NY 1080)1		
	(City, State and Zip Code	_	
info@	myusacorporation	.com		
E	-mail address: (to	be used for future annual	report notification)	
For fu	irther informati	ion concerning this ma	utter, please call:	
Anthony Morales		at (⁸⁷⁷) ³³⁰	2677	
- 1	Name of Contact P	erson	_ `	ytime Telephone Number
Enclo	sed is a check	for the following amou	ınt:	
■ \$2:	5.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E106 (05/17)



September 15, 2021

ANTHONY MORALES 1 RADISSON PLAZA, STE. 800 NEW ROCHELLE, NY 10801

SUBJECT: COLLECTIVE WORKS LLC

Ref. Number: W21000124846

We have received your document for COLLECTIVE WORKS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000108880.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 021A00022272

Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"



The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
COLLECTIVE WORKS LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
COLLECTIVE WORKS LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law obusiness trust, etc.)
organized, formed or incorporated under the laws of Louisiana (Enter state, or if a non-U.S. entity, the name of the country The formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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.

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.					
Street Address:	9427 GLYNNS LANE				
	ST. FRANCISVILLE, LA 70775				
Mailing Address:	P.O. BOX 2554				
Ū	ST. FRANCISVILLE, LA 70775				
	r Other Business Entity" has agreed to pay e amount to which such members are entit .1072, F.S.				
Signed this	Octoberday of	, 20 21			

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to

transact business in Florida, the "Converted or Other Business Entity":

Page 2 of 2

\$30.00 (Optional)

\$5.00 (Optional)

\$25.00

Must be signed by a Member or Authorized Representative

_Title: Member

Printed Name: MICHAEL MCCUNE

Certificate of Status:

Certified Copy:

Fees: Filing Fee: