# L20000167173

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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### COVER LETTER .

TO: New Filing Section of Cor			
SUBJECT:		eigh LLC ting Florida Limited Compa	nny)
The enclosed Articles of Business Entity" into a	of Conversion, Article "Florida Limited Lial	s of Organization, and pility Company" in acc	fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Please return all corres	pondence concerning	this matter to:	
michell	Contact Person)		
<u> </u>	(Firm/Company)	<u>.</u>	
1015 NE 1	2th Ave K (Address)	APT 109	
Fort Laude	craale FL ity, State and Zip Code)	33304	
E-mail Address: (to be	cign be autoused for future annual rep	ort notifications)	com
For further information	on concerning this mat	ter, please call:	
Minelle (Name of Conta	Ct Person)	_'''`\ <del>\_</del> ' <del>_</del>	13-3624 Lime Telephone Number)
	or the following amou a bank located in the		ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	race'	Stree	t Address:

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

Street Address:
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

"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

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The Articles of Conversion and attached Articles of Organization are submitted to convert the following

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 day of	20_20
Signature of Authorized Representative of Limite	d Liability Company:
or at an of Authorized Representative: MIC	Lie Co Mu
Printed Name: MICHELE MOOVE	Title: OWYEV
Signature(s) on behalf of Other Business Entity: [S	
Signature(s) on benati of Other pusiness Entrep.	
Signature: Millelle Me Printed Name: MICHELLE MOOY	2Title: DLL)YOU
Printed Name: YII / IT IT FICKS	
Signature:Printed Name:	Tide
Printed Name:	Title.
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
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 In	corporator musi sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status,	35.00 (Optionar)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
LOIS NE 12th Ave APT 109 FOYT Lauderdale FL 33301	APT 109 FORT LAUDERDAIL FL	33	301
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature tered Agent. You must designate an individual or anothe	e: :r	
The name and the Florida street address of the r	registered agent are:	<b>63</b>	i.e
M(Nelle.	moore	10 AFR 2	の表別等人
US NE 12th AVE Florida street address (P.C	D. Box <u>NOT</u> acceptable)	3 PH 6	NOTE TO A
<b>6</b>	02251	1.9	; . <del></del>

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 a 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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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/ 1	IX I	11		١,	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	MICHELLE MODVE 1215 NE 12+11 AVE APT 109 FOY+ Lauderdale FL 33304		
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	Le Mu		
This document is executed in accordance v	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony		
michelie	moore		

Typed or printed name of signee

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)