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(Re	equestor's Name)	
(Ad	ldress)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing S Division of C					
SUBJECT: CUTE IF	RISES, LLC				
Sobarci.	(Name of Res	sulting	Florida Limite	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this	matter to:		
LAURENCE ABRAMS	ON				
	(Contact Person)	_			
	(Firm/Company)				
1417 SADLER ROAD	#126				
	(Address)				
FERNANDINA BEACH	H, FL 32034				
((City, State and Zip Code)				
THEABRAMSONGRO	UP@ME.COM				
E-mail Address: (to b	e used for future annual re	port no	tifications)		
For further informati	on concerning this ma	tter, pi	ease call:		
LAURENCE ABRAMS	ON	at (358 ,	602-	7454
(Name of Conta	et Person)			(Day	time Telephone Number)
	or the following amou a bank located in the		•	ocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing I Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add			_		t Address:
New Filing S					Filing Section
Division of C P.O. Box 632	•				ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: CUTE IRISES, LLC
(Enter Name of Other Business Entity)
LIMITED LIABILITY COMPANY 2. The "Other Business Entity" is a
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
DECEMBER 29, 2005 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:
CUTE IRISES, 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 th	is 28 day of OCTOBER	20_20
Signatur	e of Authorize <u>d Representative of Li</u>	mited Liability Company:
		 ;
Signature	e of Authorized Representative:	
Printed N	ame: LAURENCE ABRAMSON	Title: MANAGER
Signature	: LAURENCE ABRAMSON	: [See below for required signature(s)]
Signature		
Printed N	ame: LAURENCE ABRAMSON	Title: MANAGER
0.		
Signature:	·	Title:
Printed Na	ame:	Title:
Signature		
Printed No	· · · · · · · · · · · · · · · · · · ·	Title:
Timedia		1116.
Signature.	:	
Printed No	ame:	Title:
	-	
Signature		
Printed Na	ame:	Title:
Signature:	:	
Printed Na	ame:	Title:
Signature	<u>a Corporation:</u> of Chairman, Vice Chairman, Director, or rs or Officers have not been selected, an	
	<u>General Partnership or Limited Liab</u> of one General Partner.	ility Partnership:
	<u>a Limited Partnership or Limited Liab</u> s of <u>ALL</u> General Partners.	ility Limited Partnership:
All others Signature	<u>s:</u> of an authorized person.	
Fees:		
Λ	rticles of Conversion:	\$25.00
	rees for Florida Articles of Organization	
	ertified Copy:	\$30.00 (Optional)
	ertificate of Status:	\$5.00 (Optional)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
CUTE IRISES, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th Principal Office Address:	ne principal office of the Limited Liability Company is Mailing Address:
95310 SUMMERWOODS CIRCLE #504	95310 SUMMERWOODS CIRCLE #504
FERNANDINA BEACH, FL 32034	FERNANDINA BEACH, FL 32034

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LAURENCE ABRAMSON_	
Nan	ie
95310 SUMMERWOODS CI	RCLE #504
Florida street address (P.O). Box <u>NOT</u> acceptable)
FERNANDINA BEACH	FL 32034
City	Zip

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)

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	LAUDENCE ADDAMCON
MGR	LAURENCE ABRAMSON 95310 SUMMERWOODS CIRCLE #504
	FERNANDINA BEACH, FL 32034
	PERNANDINA BEACH, PE 32034
	202
(Use attachment if necessary)	
•	2020 OCT 29
	22
ICLE V: Other provisions, if any.	
	PH 12
·····	72
	,
<u>required</u> signature:	
$W \sim 1$	_

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LAURENCE ABRAMSON

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)