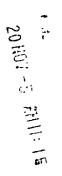
L20000351804

Office Use Only



300354447663

11/05/20--01021--023 **155.00



JOENNE THE

COVER LETTER

Division of Corporations
SUBJECT: JULIE MILES LLC (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:
JULIE MILES (Contact Person)
TULIE MILES LLC
(Firm/Company) 1551 N. FLAGLER DRIVE #618
(Address) W. PALM BEACH
(City, State and Zip Code) Tuli-e @ Tuli-e M(les-com) E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Tuli-e Miles at (310) 408 2067 (Name of Contact Person) (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 and Certificate of Status Status

Mailing Address:

TO: New Filing Section

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

of Organization)

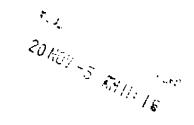
Articles of Conversion

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)
2. The "Other Business Entity" is a <u>SCOPOCOTION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of UTAH
(Enter state, or if a non-U.S. entity, the name of the country)
on 9 5 18 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JULIE MILES LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11 11 26. (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 2nd day of November 2020 Signature of Authorized Representative of Limited Liability Company: 20 NG; -5 Mili: 18 Signature of Authorized Representative:

Printed Name: TULE MILES Title: D Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: J MULES_Title: DIRECTOR Signature: ______ Title: ______ Printed Name: ______ Title: _____ Signature: Printed Name:_______Title:______ Signature: _______ Title: ______ Printed Name: ______ Title: _____ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability 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: \$30.00 (Optional)

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JULIF MILES LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability	Company, "L.E.C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1551 N. Flagler Drive #618	SAME
W. Palm Beach FL 33401	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
JULIE AN	NE MILES
Name	151
Florida street address (P.O.	10/1/e #618
Florida street address (P.O.	Box NOT acceptable)
W. Palm Beach	
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)

Use attachment if necessary) LE V: Other provisions, if any.	<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address: JULIE ANNE MILE
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S. JULIE ANNE MILES Typed or printed name of signee	'MGR" = Manager	ISSI N. Flogier D1.
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S. TYPED OF PRINCES		W. Palm Beach FL 33
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S. TYPED OF PRINCES	-	
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S. TYPED OF PRINCES		
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S. TYPED OF PRINCES		
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee		
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee		
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee		
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee	Use attachment if necessary)	
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee		
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee	LE V: Other provisions, if any.	
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee		
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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee		
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee	REQUIRED SIGNATURE:	
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S. Typed or printed name of signee	REQUIRED SIGNATURE:	L
· · · · · · · · · · · · · · · · · · ·	g me	٩
· · · · · · · · · · · · · · · · · · ·	Signature of a member of This document is executed in accordary false information submitted in a document in a doc	ince with section 605,0203 (1) (b), Florida Statutes. I am aware t
	Signature of a member of a member of any false information submitted in a deas provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b), Florida Statutes, I am aware to ocument to the Department of State constitutes a third degree fel

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

ARTICLE IV-

Company: