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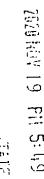
(Requestor's Name)
(Address)
(Address)
(/ touress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
	EE, LLC		
Name of Resu	ulting Florida Limited C	ompany)	-
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	es of Organization, a ability Company" in	and fees are submitted to accordance with s. 605.1	convert an "Other 1045, F.S.
Please return all correspondence concerning	this matter to:		
Joshua O, Millen (Contact Person) General CC (Firm/Company)			
3250 NE 28th START (Address)			
Fort Landerclate, FL 3 (City. State and Zip Code)			
E-mail Address: (to be used for future annual repo	ort notifications)		
For further information concerning this matter	er, please call:		
(Name of Contact Person)	at (<u>30)</u> (Area Code) (Da	1967-58 74 hytime Telephone Number)	f -
Enclosed is a check for the following amoun dollars and drawn on a bank located in the U	t: (All checks proces inited States)	ssed by this office must b	
	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	1 61 AGN 6202
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divis The (2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	810 810

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, Florid Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	s of Conversion is:
/Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common	law or business trust, et
First organized, formed or incorporated under the laws of Florida_ (Enter state, or if a non-U.S. entity, the n	ame of the country)
on 6/22/20 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article (Enter Name of Florida Limited Liability Company)	les of Organization
4. If not effective on the date of filing, enter the effective date: 11/14/20. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	I rights the amount to

Signed this 14th day of Www har	20 20	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative: Printed Name: Joshua o. Miller		_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)	1
Signature: DM Coc Printed Name: TOS Aucc O. MILER	Title: Panices T	<i>.</i> —
V		
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<u> </u>
Signature:Printed Name:		
		_
Signature: Printed Name:	Title:	<u></u>
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.	—
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		يسن
Fees:		1978 ROF L
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUBEE LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
541 NW 1ST AVE FORT LANDARDINE FL 33301	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	•
Joshua O Name 3250 NE 2874	, MillEr
Name	
3250 NE 28M	STREET 612
Florida street address (P.O. I	Box <u>NOT</u> acceptable)
FORT LANderdalE City	FL 33308
City	Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limite his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of a rformance of my duties, and I am familiar with ana stered agent as provided for in Chapter 605, F.S
Joshin C	Million Tipe (REQUIRED)
Registered Agent's Signat	ture'(REQUIRED)
	-0
(CONTINU	ED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager single member MGR	Joshua O Miller
single member MGR	541 !st Ave NW
	Fort LANDONdale FL 3330
	TOWN CHANGE TE 12 .3.350
	
	
Use attachment if necessary)	
REQUIRED SIGNATURE:	20 Miller
Signature of	or an authorized representative of a member
 This document is executed in accordant 	nce with section 605.0203 (1) (b), Florida Statutes. I am awar scument to the Department of State constitutes a third degree
This document is executed in accordan any false information submitted in a do-	cument to the Department of State constitutes a third degree
This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Joshua O. Miller	Typed or printed name of signee
This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Joshua O. Miller	Typed or printed name of signee Filing Fees
This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Joshua O. Miller \$125.00 Filing Fee for Articles	Typed or printed name of signee Filing Fees s of Organization and Designation of Registered
This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Joshua O. Miller	Typed or printed name of signee Filing Fees s of Organization and Designation of Registered