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

TO:	New Filing Section Division of Corporations	
CUDI	C+I NEXT DOOR, LC	
SUBJ	(Name of Resulting Florida Limited Company)	
The e Busin	nclosed Articles of Conversion, Articles of Organization, and fees are submitted ess Entity" into a "Florida Limited Liability Company" in accordance with s. 60.	to convert an "Other 5,1045, F.S.
Please	return all correspondence concerning this matter to:	
	Joshua O. Miller (Contact Person)	
	(Firm/Company)	
	537 NW 1 ST AVE (Address)	ļ
4	ront Landwelale FL 3330/	
	(City. State and Zip Code)	
<	Joshua Q C-istudas, com	
E-	mail Address: (to be used for future annual report notifications)	
	urther information concerning this matter, please call:	
\leq	(Name of Contact Person) at (301) 996-5674 (Area Code) (Daytime Telephone Number	
Enclo dolla	osed is a check for the following amount: (All checks processed by this office many and drawn on a bank located in the United States)	ist be payable in US
(\$25) & \$12	50,00 Filing Fees	s.
	Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseTallahassee, FL 323142415 N. Monroe Street, Street	e

Tallahassee, FL 32303

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:
C+T NAIT DOOK, INCI
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (O 12)0 A (O N
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Florida
First organized, formed or incorporated under the laws of 1010 1011
(Enter state, or if a non-U.S. entity, the name of the country)
on 12/12/2013
(date of organization, formation or incorporation)
(date of organization formation of theorporation)
2. The name of the Elevide Limited Liebility Company of cat forth in the attached Antiglas of Organizations.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
C+I NexT DOO- LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.

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Signed this 14 day of Movember	20_20			
Signature of Authorized Representative of Limite	ed Liability Company:			
Signature of Authorized Representative: Printed Name: Schuce O. Miles	Title: Touridant-EE	<u>O</u>		
Signature(s) on behalf of Other Business Entity: [S	see below for required signature(s)]			
Signature:	Title: President	<u>-</u>		
Signature:Printed Name:	_Title:	_ -		
Signature:Printed Name:	Title:	_ _		
Signature:Printed Name:		<u> </u>		
Signature:Printed Name:	Title:			
Signature:Printed Name:	_ Title:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:		20 NOV 19	
All others: Signature of an authorized person.			/ 19 PM	
Fees:			ક્ યુ: 01	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ĐA)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
C+I NexT Dool, (Must contain the words "Limited Liability	
(Must contain the words Eminted Emornty	Company, 18.8.6., or 18.6.
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
FORT LAND MODIE, FL	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Joshua O. Name	1.11EL
3250 NE 28"	# STNOW #612
Florida street address (P.O.	Box NOT acceptable)
FORT LANderslale City	FL 33308
City	Zip
liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S
	····

(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 single member MGR	Joshua O Miller 541!st Ave NW Four Londonde FL 3300
	20 NOV
(Use attachment if necessary)	EFE SHOOT OF THE SHOT OF THE SHOOT OF THE SHOOT OF THE SHOOT OF THE SHOOT OF THE SHOT OF THE SHOT OF THE SHOT OF THE SHOT OF THE SHOOT OF THE SHOOT OF THE SHOT OF TH
ARTICLE V: Other provisions, if any. A subsidiary of OM Idea Agency, LLC	RDA
REQUIRED SIGNATURE:) O Millu
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	is the population of state committee a time degree follows
Joshua O. Miller	and or printed name of ciance
тут	oed or printed name of signee Filing Fees
	rining rees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)