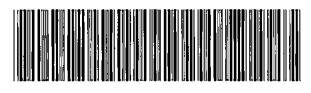
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<i>)</i>	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
V (
(Business Entity Name)				
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Certified Copies	Certificates of Status			
Special Instructions to	n Filing Officer			
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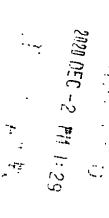
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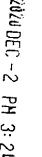


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COVER LETTER .

TO: New Filing S Division of C		· .	
SUBJECT:	(Name of Res	Sulting Florida Limited Com	npany)
		-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Chaunte M	CKNIAht (ContactPerson)		
Chayil LLC	•		
P.O. BOX (
Oranica dv. 1	(Address)		
Cravybravii	IC FL 3232 City, State and Zip Code)	Ψ	
	4 e Chayille. Ce used for future annual re		
For further informati	on concerning this ma	tter, please call:	
Chaunte MC (Name of Conta	KN16FT ct Person)	_"'\	time Telephone Number)
	or the following amou a bank located in the		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	☐\$180.00 Filing Fees and Certified Copy	2\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	* 066*	Straat	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

The Articles of Conversion and attached Articles of Organization 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>limited liability company</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
on 8/19/2014 Limited Liability Company (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Chavil 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 this a day of December	20 <u>_ a()</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Chauserinted Name: Chaunte Mcknight	nte UCKNIMHT Title: DWNCY
Signature(s) on behalf of Other Business Entity:	
Signature: Characte UCK night	
Signature: Chaunta Uchnight Printed Name: Chaunte Mcknight	Title: WNEY
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
f Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Pees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
=	N 1 /

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Charil LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE H - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabilit	y Company is
Principal Office Address:	Mailing Address:	
113 S.Moneoc St Tallahasse, FL 32301	P.O Box 692 CRAWFORDVILLE FL 30	<u>13</u> 2
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signered Agent. You must designate an individual or	nature:
The name and the Florida street address of the re	gistered agent are:	797
Chaunte McKnig Name	ht	7- DBO nzięż
DI People St- Florida street address (P.O.	Box NOT acceptable)	2 PH 3: 24
<u>Earonville</u> , FL	FL 32 3 51 Zip	24
Having been named as registered agent and to	accent coming of propose for the abo	na stated limit

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..

Chlunta UKnuyht
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Chaunte McKnight P.O. BOX 1092 CRAWFORDVIlle FL 323ZL	
	·	
(Use attachment if necessary) CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
Chaunte Ucknight	_	
Signature of a member or a This document is executed in accordance v any false information submitted in a docum as provided for in s.817.155, F.S.	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 felor	
Chaunte Mcknight	ed or printed name of signee	

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

ARTICLE IV-

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