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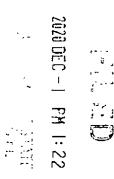
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office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



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## 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  wer Forte LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a limited liability company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fir	st organized, formed or incorporated under the laws of Wyoming
	(Enter state, or if a non-U.S. entity, the name of the country)
on	05/26/2020
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
M	aker Forte LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
5. <sup>*</sup>	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 appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 13 day of November	20 2 <i>D</i>
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative:	
Printed Name: Gregory Smith	Title: Member
Signature(s) on behalf of Other Business Entity:	· · · · · · · · · · · · · · · · · · ·
Signature: Printed Name: Gregory Smith	(See below for required signature(s))
Signature: Office of the state	
Printed Name: Gregory Smith	Title: Member
Signature:	
Signature: Printed Name:	Title
	Truc.
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Signature:	
Printed Name:	Title:
If Florida Corporation:	- 1-
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
lf Florida General Partnership or Limited Liabili	ty Partnership.
Signature of one General Partner.	G raithership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
A II. o4b o	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
·	wasaa (Optionar)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the l	ame: Limited Liability Compan	y is:
Maker Forte LLC		
(N	fust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre		ne principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
7624 Drayton Circle		7624 Drayton Circle
Bradenton, FL 34201		Bradenton, FL 34201
business entity with ar	Company cannot serve as its own Finactive Florida registration.)  Florida street address of the Registered Agents Inc.	Registered Agent. You must designate an individual or another the registered agent are:
		lame
	7901 4th St N, STE 300	DO D NOT
	riorida street address (	P.O. Box <u>NOT</u> acceptable)
	St. Petersburg	FL 33702
	City	Zip
liability com registered agen statutes relativ	pany at the place designate t and agree to act in this cong to the proper and comple bligations of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered 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:

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	Douada la Alliana		
	Beverly Jo A'Hearn 3111 Ravineview Circle		
	Stow, OH 44224		
	Stow, Ori 44224		
AMBR	Gregory Smith		
	3111 Ravineview Circle		
	Stow, OH 44224		
AMBR	Alexandra Louise Stapleton-Smith		
	3111 Ravineview Circle		3
	Stow, OH 44224	<del></del>	<u> </u>
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			팔
(Han award 1997)			<del></del>
(Use attachment if necessary)		r- <u></u>	2
		• •	, ~
LE V: Other provisions, if any.			
			_
REQUIRED SIGNATURE:			_
ins document is executed in accordance	an authorized representative of a with section 605.0203 (1) (b). Florida State nent to the Department of State constitutes		re t
Gregory Smith			

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)