L20000380363

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
	11111	

Office Use Only

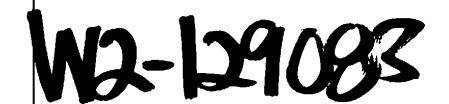


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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2020

WESLEY PAUL BLUEPRINT ASSET GROUP 1807 N.E. 59TH STREET FORT LAUDERDALE, FL 33308

SUBJECT: BLUEPRINT ASSET GROUP, LLC

Ref. Number: W20000129083

Memo #: 046755-G

This letter is to inform you that your check number 197 for \$150.00, which was dated October 19, 2020 and submitted for BLUEPRINT ASSET GROUP, LLC has been returned to us by your bank because of CLOSED ACCOUNT.

We are notifying you because our records indicate that the paperwork for BLUEPRINT ASSET GROUP, LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$165.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation Attn: DANIEL O'KEEFE P.O. Box 6327 Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6052.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 420A00023622

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/ PH 2: 41



November 10, 2020

WESLEY PAUL BLUEPRINT ASSET GROUP 1807 N.E. 59TH STREET FORT LAUDERDALE, FL 33308

SUBJECT: BLUEPRINT ASSET GROUP, LLC

Ref. Number: W20000129083

We have received your document for BLUEPRINT ASSET GROUP, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section " Signature(s) on behalf of Other Business Entity: " in the Articles of Conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 920A00022496

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

Division of Communetiana D.O. DOV 0997 Well-based Filmids 9991

COVER LETTER

TO:	New Filing Se Division of C				
CHR	IFCT. BLUEPR	INT ASSET GROUP, LI	_C		
ODE			alting Florida Limit	ed Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concernin	g this matter to:		
WESI	.EY PAUL				
		(Contact Person)			
BLUE	PRINT ASSET O	GROUP			
	-	(Firm/Company)			
1807	N.E. 59TH STRE	ET			
		(Address)			
FORT	LAUDERDALE,	FLORIDA 33308			
	((City, State and Zip Code)			
WES	PAUL1804@GM/	AIL.COM			
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
WES	EY PAUL		_at (<u></u>	366-	7735
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the	•	roces:	sed by this office must be payable in US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Fiting Fees and Certificate of Status	□S180.00 Filing and Certified Cop		☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: BLUEPRINT ASSET GROUP, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
on O9/27/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BLUEPRINT ASSET GROUP, 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.
20

Signed this 4TH day of DECEMBER	_20_ <i>D</i>
Signature of Authorized Representative of Limi	ted Liability-Company:
Signature of Authorized Representative: Printed Name: WESLEY PAUL	Tiple: At
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: WESLEY PAUX	Title .
Signature: Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> . General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fccs:	
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:		
BLUEPRINT ASSET GROUP, LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
1807 N.E. 59TH STREET	265 S. FEDERAL HIGHWAY	SUITE 203
FORT LAUDERDALE, FLORIDA 33308	FT. LAUDERDALE, FL 33442	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an indi	
WESLEY PAUL Name		
1807 N.E. 59TH STREET Florida street address (P.O.	Box NOT acceptable)	
FORT LAUDERDALE	FL 33308	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg. Registered Agent's Sign.	this certificate, I hereby accepty. I further agree to comply verformance of my duties, and istered agent as provided for i	ot the appointment as with the provisions of all I am familiar with and
·		3-7 3-7 XSSE

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" = Managér		
AMBR	WESLEY PAUL	
	1807 N.E. 59TH STREET FORT LAUDERDALE, FLORIDA 33308	
	FORT LAUDERDALE, FLORIDA 33300	
		
	- ,	
		
	 	
		
(Use attachment if necessary)	<u>~</u>	
	SA: 7 =	
ICLE V: Other provisions, if any.	 :	
TODE 1. Office provisions, it any.	Off. 2:	
	<u></u>	
	A ^{TT}	

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

WESLEY PAUL

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)