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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

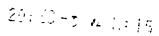
TO: New Filing Section Division of Corporation	s	
SUBJECT: Works Learning LLC		
SUBJECT:	(Name of Resulting Florida Limi	ted Company)
		ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence	e concerning this matter to:	
Andrea Sager		
(Contact I	Person)	.
Andrea Sager Law PLLC		
(Firm/Con	mpany)	-
713 Llano Street		
(Addr	ress)	-
Pasadena, Texas 77504		
(City, State an	nd Zip Code)	-
andrea@andreasager.com	•	
E-mail Address: (to be used for fu	ture annual report notifications)	•
For further information concern	ing this matter, please call:	
Andrea Sager	at (859) 638-1921
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the follodollars and drawn on a bank loc		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion and Certific & \$125 for Articles Status	Filing Fees and Certified Cop	
New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

1.00

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: Works Learning 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
05/10/2019
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Works Learning 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed th	nis <u>25th</u>	day of November	20 <u>20</u>	
Signatur	e of Autho	orized Representative of L	imited Liability Company:	
			Andrea Sager	
Signature	e of Author	rized Representative:		
Printed N	ame: Andre	a Sager	Title: Attorney	
Signatur	e(s) on beh	alf of Other Business Entity	y: See below for required signa	iture(s)]
Signature		Sal	Title: Owner/Agent	
Printed N	Sheer	na Works	Title: Owner/Agent	
T Timed IV	ame, <u>555.</u>		Title:	
Signature	:			
Printed N	lame:		Title:	
Signature	:			
Printed N	lame:		Title:	
Signature				
Printed N	ame:		Title:	
1 mice 1				
Signature	:	· · · · · · · · · · · · · · · · · · ·		
Printed N	lame:		Title:	
G *				
Signature	:		Tisles	
Printed N	iame:		Title:	
If Florid	a Corporat	tion:		
		an, Vice Chairman, Director,	or Officer.	
		ers have not been selected, an		
		Partnership or Limited Lia	bility Partnership:	
Signature	of one Ger	neral Partner.		
		Partnership or Limited Lial	bility Limited Partnership:	
Signature	s of <u>ALL</u> C	General Partners.		
All other	'S:			
		orized person.		
Ü		•		
Fees:				
Α	rticles of C	Conversion:	\$25.00	
		rida Articles of Organization	·	
	ertified Co	_	\$30.00 (Optional)	
	ertificate o	<u> </u>	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	ne:	
The name of the Li	imited Liability Compan	y is:
Works Learning LLC		
(Mu	ist contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres		ne principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
7257 Greystone Stre		7257 Greystone Street
Lakewood Ranch, F	L 34202	Lakewood Ranch, FL 34202
	Sheena Works	vame
	N	Name
7257 Greystone Street Florida street address (P.		
		(P.O. Box <u>NOT</u> acceptable)
	Lakewood Ranch	FL 34202
	City	Zip
liability comp	any at the place designate	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of a

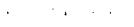
(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Sheena Works
7.111011	7257 Greystone Street
	Lakewood Ranch, FL 34202
	
	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	- / /
LE V: Other provisions, if any. REQUIRED SIGNATURE:	sacjer //
LE V: Other provisions, if any.	sacjer //
LE V: Other provisions, if any. REQUIRED SIGNATURE: Anchica S Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awar
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awar
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Andrea Sager	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree in the constitutes are the constitutes as the constitutes are the c
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Andrea Sager	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awar

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)



▼ HELLOSIGN

TITLE	Florida LLC Documents
FILE NAME	Conversion Form_Works Learning LLC.pdf
DOCUMENT ID	273f1bad378780113d5eb73a6e68f9e6e767f82f

AUDIT TRAIL DATE FORMAT

MM / DD / YYYY

STATUS

• Completed

Document History

\mathcal{C}	11 / 25 / 2020	Sent for signature to Sheena Works
SENT	16:09:30 UTC	(sheena@workslearning.com) from andrea@andreasager.com
		IP: 74.128.143.219
	44 / 05 / 0000	Wayned by Chana Mada (shanna Quartelagraina ann)
()	11 / 25 / 2020	Viewed by Sheena Works (sheena@workslearning.com)
VIEWED	16:24:03 UTC	IP: 104.174.18.90
1	11 / 25 / 2020	Signed by Sheena Works (sheena@workslearning.com)
SIGNED	16:39:44 UTC	IP: 104.174.18.90
(²)	11 / 25 / 2020	The document has been completed.
COMPLETED	16:39:44 UTC	