# L20000391032

(Re	equestor's Name)	
(Ad	dress)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(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** •

<b>TO:</b> New Filing S Division of C				
SUBJECT, LOUIS A	LFRED NICKOLAS STA	ALWART COLLEC	TION L	LC
SUBJECT:	(Name of Res	ulting Florida Limi	ed Con	npany)
				d fees are submitted to convert an "Ottecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
DEAN GABRIEL WILL	IAMS			
	(Contact Person)		-	
LOUIS ALFRED NICK	OLAS STALWART HOU	ISEHOLD CORP		
	(Firm/Company)		•	
5727 SW 27TH ST				
	(Address)		-	
WEST PARK, FL., 330	)23 USA			
	City, State and Zip Code)		•	
louis_stalwart@lans.bi	iz			
E-mail Address: (to b	oe used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
DEAN GABRIEL WILL	IAMS	_at (	934 8	1499
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	sed by this office must be payable in U
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing 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				t Address: Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
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, I Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion

THE CROWN IMPERIAL LIMITED

(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 tr
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business tr
First organized, formed or incorporated under the laws of NEVADA  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country
03 APRIL 2020 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza
LOUIS ALFRED NICKOLAS STALWART COLLECTION 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
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 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.
<ol> <li>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.</li> </ol>

Signed this	4 day of DECEMBER	20 <b>20</b>			
Signature o	of Authorized Representative of Limi	ited Liability Company:			
G: .	64 4 1 1 1 1 1 1 1	WIIII			
	f Authorized Representative: Une: DEAN GABRIEL WILLIAMS	Title: CHAIRMAN			
rimeu mam	E. DEAN CABINEL WILLIAMS	THE OFFICIAL	_		
Signature(s	on behalf of Other Business Entity:	See below for required signature(s)			
Signature: _			_		
Printed Nam	e: DEAN GABRIEL WILLIAMS	Title: CHAIRMAN	_		
Signature:					
Printed Nam	ie:	Title:	_		
			_		
Signature: _			_		
Printed Nam	e:	Title:	_		
Signature					
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Signature: _	e:		_		
Printed Nam	e:	Title:	_		
Signature:					
Printed Nam	ie:	Title:	_		
			_		
If Florida C					
	Chairman, Vice Chairman, Director, or				
II Directors	or Officers have not been selected, an Inc	corporator must sign.			
If Florida G	eneral Partnership or Limited Liabili	ty Partnership:			
	one General Partner.				
	imited Partnership or Limited Liabilit	ty Limited Partnership:		2	
Signatures of	f ALL General Partners.			O D	
All others:				03	
	an authorized person.		50 H	_	-
			<i>[</i> ]	70	•
Fees:			<u> </u>	<u>-×</u> ധ	
A ortic	eles of Conversion:	\$25.00	SSEC, FLORIDA	20 DEC 11 PM 3: 5	
	for Florida Articles of Organization:	\$23.00 \$125.00	374		
	ified Copy:	\$30.00 (Optional)			
	ificate of Status:	\$5.00 (Optional)			
		· •			

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE		-	N	a	me	:
The name o	F	14	_	í	im	

The name of the Limited Liability Company is:

#### LOUIS ALFRED NICKOLAS STALWART COLLECTION LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Compan

Mailing Address:
5727 SW 27TH ST
WEST PARK, FL.
33023 USA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LOUIS ALFRED NICKOL	AS STALWART HOUSEHOLD CORP
1	Name
5727 SW 27TH ST	
Florida street address	(P.O. Box NOT acceptable)
WEST PARK	FL 33023
City	Zip

Having been named as registered agent and to accept service of process for the above stated limliability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>l'itle:</u>	Name and Address:					
"AMBR" = Authorized Member						
"MGR" = Manager						
MGR	LOUIS ALFRED NICKOLAS STALWART					
<del></del>	HOUSEHOLD CORP.					
	5727 SW 27TH ST, WEST PARK, FL., 33023					
AMBR	DEAN GABRIEL WILLIAMS					
	5727 SW 27TH ST					
	WEST PARK, FL., 33023					
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(Lies attachment if necessary)	第1 章 	 				
(Use attachment if necessary)	<u> </u>					
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ABTICLE WOOD 11 10						
<b>ARTICLE V:</b> Other provisions, if any.						
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DECLUDED OLGALATUDE						
REQUIRED SIGNATURE	/////					
9 / /						

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.

DEAN GABRIEL WILLIAMS, CHAIRMAN

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)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

THE CROWN IMPERIAL

Organizational Documents on File

Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, THE CROWN IMPERIAL, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/03/2020, and is in good standing in this state.



Certificate Number: B202011221227516

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/22/2020

Barbara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State