L210000 45151

(Red	questor's Name)	
(Add	fress)	-
(Add	dress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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01/11/21--01032--011 ++150.00

Articles of Conversion of For

"Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversio	m <mark>and attached A</mark>	Articles of Organization	n are submitted to conve	ert the following
"Other Business Entity"				
Statutes.			-	

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles SOBLESKI Farmiture, LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>General Partnership</u> . (Enter entity type. Example: corporation, limited partnership, general partnership, common le	aw or business trust, etc
First organized, formed or incorporated under the laws of South Carolina, U (Enter state, or if a non-U.S. entity, the nat	SA me of the country)
on 3-13-,2014 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Organization:
SOBLESKI Furniture, LLC (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 1/10/2021 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 c	alandari tara 6
the date this document is filed by the Florida Department of State.)	alendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	Il not be listed as the
5. 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 r which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	rights the amount to
	777
	7. 11.

•	
Signed this day of	<u> 20_21</u>
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative:Kats	Sulliki Title: Co-Civice, Partner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Brandon Sobleski	Title: Co-Owner Partner
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Intle:
Signature: Printed Name:	Tiol
Printed Name:	I itle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors of Officers have not been selected, an In	
II Florida General Partnership or Limited Liabili	
Signature of one General Partner.	
 If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified Copy: Certificate of Status:	\$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
SOBLESKI Funiture LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
250 Falm Crast Parkway NE Sute 407 - PMB 119 Palm Coast FL 32137	250 Palm (cast Perkingy NE Suite 1007 - PMB 119 Palm (cast, FL 32137)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register ousmess entity with an active morida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Kate Sobleski Name	
250 Palm Cast Pa Florida street address (P.O.)	arkicay NE Suite (207-PMB 119 Box <u>NOT</u> acceptable)
Palm Coast	_FL 32137
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate. I hereby accept the appointment as w. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605. F.S
1/ , 2 , 2;	
Kat Joulsk Registered Agent's Signa	ture (REOUIRED)
(CONTINU	ED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _AMBR	Kate Schleski 250 Palm Corst Parkway NE Suite 1007-PMB Palm Coast FL 32137
AMBR	Bigman Schleski 250 Palm Crast Parkway NE Saik 1007 - PMB 119 Palm Crast . FL 32137
27	
: -(Use attachment if necessary)	
-j	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	with section 605.0203 (1) (b). Florida Statutes. I am aware that

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

ARTICLE IV-

Company: