

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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#### **COVER LETTER**

TO: New Filing Se Division of C	orporations		
SUBJECT: VI	lage Sevente	olting Florida Limited Con	npany)
			nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Melanie G Village	Contact Person) Seventy UC (Firm/Company)	2,	
817 SE 2nd A	(Address)		
Fort Lauderd	ale, FL 3331 City, State and Zip Code)	6	
E-mail Address: (to be	- 28 @ gmail. C e used for future annual rep	cort notifications)	
For further information	on concerning this mat	ter, please call:	
Melanie Bre	رن خلور ct Person)	at (908) 4- (Area Code) (Day	7 2 - 4744 rtime Telephone Number)
	or the following amou a bank located in the l		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Addi	ress:	Stree	t Address:

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

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe 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, Florida Statutes.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Article	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common	n law or business trust, etc.
First organized, formed or incorporated under the laws of New Tersed (Enter state, or if a non-U.S. entity, the	name of the country)
on 05 14 2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	eles of Organization:
(Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida L'imited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	able (7/1)
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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	) calen <del>dar days</del> after
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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	al rights the amount to
	292
	2921 FE3
	22
	: <del>-</del>

Signed this	day of	20
Signature of A	Authorized Representative	of Limited Liability Company:
Signature of A	uthorized Representative:	Title: Owner/Member
Printed Name:	METHORS DISMOSTER	i line: Omites Manage
Signature(s) o	n behalf of Other Business I	ntity: [See below for required signatu
/	Mekanie Brewski	
Printed Name:	Melane Bawster	Title: Menber Sok
rimed rame	T PACKATHE THEORY	THE TRACE
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
ot .		
		Title:
Timed Name		Title.
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Con		
If Florida Cor Signature of Ch	<del>рогацоп:</del> nairman, Vice Chairman, Dire	ctor, or Officer
	Officers have not been selecte	
	eral Partnership or Limited e General Partner.	<u>Liability Partnership:</u>
Signature or on	e General Fattier.	
		Liability Limited Partnership:
Signatures of A	LL General Partners.	
All others:		
	authorized person.	
15		
Fees:		
Article:	s of Conversion:	\$25.00
	r Florida Articles of Organiz	
	ed Copy:	\$30.00 (Optional)
	cate of Status:	\$30.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
817 SE 2nd Ave Apt 607 Fort Lauderdale FL 33316 Fort Lauderdale FL 33316
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:
Melanie Brewster Name
Name
817 SE 2 <sup>N</sup> Ave Apt 607  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale FL 33316 City Zip
City Zip Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of at statutes relating to the proper and complete performance of my duties, and I am familiar with and 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 Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Melanie Biewster 817 SE 2nd Ave Apt 607 Fort Lauderdale Fl 33316	-
<del></del>		
		_
(Use attachment if necessary)		
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:		
LE V: Other provisions, if any.	AA	
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 e with section 605.0203 (1) (b). Florida Statutes. I amount to the Department of State constitutes a third decomposition of the section of the se	awar
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance.	e with section 605.0203 (1) (b), Florida Statutes. I am	e <b>r</b> awar
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.	e with section 605.0203 (1) (b), Florida Statutes. I am	awar gree-