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(Requestor's Name	e)
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PICK-UP WAIT	MAIL
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Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	New Filing S Division of C						
SURI	ECT: MAYLY	NNE GRANADOS PHO	TOGRAPHY LLC				
3000		(Name of Res	sulting Florida Limito	ed Con	npany)		
			•		d fees are submitted to conve ecordance with s. 605.1045, I		Other
Please	return all corr	espondence concernin	g this matter to:				
YOGA	NANDA NUNEZ	Z					
		(Contact Person)				707	
FRAN	CHISE LINK					7971855	
		(Firm/Company)				် လ	
5920	SMOKEY QUAF	RTZ CT					
		(Address)				- TPM	
HEND	ERSON, NV 89	011				င္မာ	
	(City, State and Zip Code)				చ	
CHAP	LAIN1900@YAI	HOO.COM					
E-r	nail Address: (to l	be used for future annual re	port notifications)				
For fu	irther informati	ion concerning this ma	tter, please call:				
	(Name of Cont	not Domont)	_at ((1200	sima Talankana Numban		
	(Name of Cont	act Person)	(Area Code)	(Day	rtime Telephone Number)		
		for the following amount in the following amount in the	-	rocess	sed by this office must be pay	able in	US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of O P.O. Box 632 Tallahassee,	Section Corporations 27] 	New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee 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.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MAYLYNNE GRANADOS PHOTOGRAPHY CO.
	(Enter Name of Other Business Entity)
2.	GENERAL PARTNERSHIP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
F	irst organized, formed or incorporated under the laws of
	JANUARY 03 2020
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	MAYLYNNE GRANADOS PHOTOGRAPHY LLC
	(Enter Name of Florida Limited Liability Company)
(] tl <u>N</u>	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.) Ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument'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.

Signed this 24TH day of MARCH	202/
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: April Printed Name: YOGANANDA NUNEZ	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Maganan Kar O. Nie	423
Signature: Myganan La O. Nie Printed Name YOGANANDA NUNEZ	Title: AUTHORIZED REP.
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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:		
MAYLYNNE GRANADOS PH	OTOGRAPHY LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
3801 ABERDEEN CT	5920 SMOKEY QUARTZ CT	
VIRGINIA BEACH , VA 23452	HENDERSON, NV 8901	
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r FRANCHISE LINK LLC	-	in individual or another
Name	,	
5128 BIG FOREST LANE		
Florida street address (P.O	Box NOT acceptable)	
JACKSONVILLE	FL 32210	
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 capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby of ity. I further agree to com- performance of my duties, gistered agent as provided	accept the appointment as apply with the provisions of all and I am familiar with and
Registered Agent's Sign	ature (REQUIRED)	
(CONTIN	UED)	A:1 8:1:

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 "MGP" = Manager	
"MGR" = Manager MGR	YOGANANDA NUNEZ
	5920 SMOKEY QUARTZ CT
	HENDERSON, NV 89011
	
	
	
(Use attachment if necessary)	
ADTICLE V. Other provisions if any	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	A = A = A
Mogan anda (- Nuces

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.

YOGANANDA NUNEZ

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)