(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

JUN 1 0 2021

T. SCOTT



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### COVER LETTER

Division of Corporations		
SUBJECT: GOD'S STOREHOUSE FL, LLC		
(Name of Resu	lting Florida Limit	ed Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia		on, and fees are submitted to convert an "Othe" in accordance with s. 605,1045, F.S.
Please return all correspondence concerning	this matter to:	
MEGAN HUGHES		
(Contact Person)		
SMART BUSINESS INCORPORATION		
(Firm/Company)		
3990 WARREN WAY		
(Address)		
RENO, NV 89509		
(City, State and Zip Code)		
megan@smartbusinessincorporation.com		
E-mail Address: (to be used for future annual rep-	ort notifications)	
For further information concerning this matt	er, please call:	
PETER HUGHES	at ( 775	772-3617
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoun dollars and drawn on a bank located in the U		rocessed 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 and Certified Cop	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  God's Storehouse 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.
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
12/11/2014 on
12/11/2014 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
God's Storehouse FL, 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 to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 14th day of April	
Signature of Authorized Representative of Limi	ted Liability Company:
a:	7 // -
Signature of Authorized Representative:	Title: Manager
Printed Name: Megan Hughes	1 Kie Walnager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature(s) on behan of Other Business Entity.	See Delon for required signature(s)
Signature:	
Printed Name: New House	Title: Manger
(3)	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	m: ·
Printed Name:	Title:
o:	
Signature:Printed Name:	Title
rfinica (Name:	TRIC
Signature:	
Printed Name:	Title:
Timed (vanic.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
<u>lf Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
	00.5 (00)
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is: itity Company, "L.L.C.," or "Lt principal office of the L  Mailing Address:	.c.")  Limited Liability Company is:
principal office of the L	
principal office of the L	
	Limited Liability Company is:
	limited Liability Company is:
Mailing Address:	
<del>-</del> '	
2572 West S.R. 426	
Suite 1024	
Oviedo, FL 32765	
e registered agent are:	
me	
1024	
.O. Box NOT acceptabl	e)
FL 32765	
Zip	<del></del>
I in this certificate, I here acity. I further agree to te performance of my dut	cess for the above stated limited thy accept the appointment as comply with the provisions of all ties, and I am familiar with and ided for in Chapter 605, F.S
	Suite 1024 Oviedo, FL 32765  red Office, & Registere gistered Agent. You must design the registered agent are:  me 1024 O. Box NOT acceptable FL 32765 Zip  I to accept service of production this certificate, I here acity. I further agree to the performance of my dual registered agent as proving the province of the performance of the p

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as provided for in s.817.155, F.S.

Megan Hughes

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Megan Hughes	
	3990 Warren Way	
	Reno, NV 89509	
	<u> </u>	
(Use attachment if necessary)		
•		
LE V: Other provisions, if any.		
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REQUIREDS NATURE:		
REQUIRED SIGNATURE:	/	
The state of		
()	ノ	
Signature of a member or	r an authorized representative of a member	
This document is executed in accordance		

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)