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05/13/21--01013--005 **185.00

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: BEHIN	D DA BARZ LLC.			
5005ECT	(Name of Re	sulting Florida Limit	ed Company)	
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organization iability Company	on, and fees are submitted in accordance with s. 60	to convert an "Other 05.1045, F.S.
Please return all corr	respondence concerning	g this matter to:		
Michelle Ly	nn-Souza Hope			2021 MAY 19 PH 5
	(Contact Person)			
BEHIND DA	BARZ LLC.			MAY 19
	(Firm/Company)			
3035 buttercup	Ln			
	(Address)			<u></u>
Lake Placid , l	FI 33852			<i>'-</i>
	City, State and Zip Code)			
Michellelsouza	•			
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Michelle Hope		at (704	985-5880	
(Name of Cont:	act Person)		(Daytime Telephone Number	r)
	for the following amou a bank located in the	•	rocessed by this office mu	st be payable in US
☐ \$150.00 Fiting Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		
Mailing Add		-	Street_Address:	
New Filing S			New Filing Section	
Division of C	•		Division of Corporations The Contract Tallahasana	
P.O. Box 632	1		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Article BEHIND DA BARZ	s of Conv	ersion	is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a <u>Limited Limbility Com</u> . (Enter entity type. Example: corporation, limited partnership, general partnership, common	DCN law or bus	iness tru	st, etc.
First organized, formed or incorporated under the laws of North Cerol (Enter state, or if a non-U.S. entity, the	LAG name of the	country)
on 1/14/2021 (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Or	ganiza	tion:
BEHTND DA BAKZ L.L.C. (Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date: 6/23/2021. (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 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.			
 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. 	al rights th	ie amou	nt to
	200 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2021 HAY 19 PK	; F4

Signed this 12 day of Jine.	_20_21			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Much Printed Name: Michael Jun School Hep	eTitle: CEO			
Signature(s) on behalf of Other Business Entity: Signature: McLull Yun Souza Hop	See below for required signature(s)			
Printed Name: Michaele Lyan Souza Hop	e Title: V Owner CE			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	_ Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	Officer.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	b 3	2021	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	11 de 5 1	4A7 19	:
All others: Signature of an authorized person.		-		1
<u>Fees:</u>		•	Ü	

\$25.00

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30,00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		COMEAN
ARTICLE I - Name:		
The name of the Limited Liability Company	115	
BEHIND DA BARZ LLC		
	ability Contipany, 1.1 C for L1()	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liab	offity Company is
		,
Principal Office Address:	Mailing Address:	
3028 buttercup Ln	3035 buttercup Ln	
Lake Placid, Fl 33852	Lake Placid, Fl 33852	
		
ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's S	ignature:
(The Limited Fighthits Company cannot serve as its own Re- bit mess critics with an active Florida registration.)	rgistered Agent A ou must dealgoule an individu	र्ज कात्योदन
The name and the Horida street address of the	ne mustered agent are	
The fame and the Forida street address or to	ic registerou agent are	
•	poration Agents, Inc.	
Na	ime	
5575 S. Semoran	Blvd. Suite 36	
Florida street address (P	O Box NOT acceptable)	
Orlando	FI 32822	
City	7 FL 32822	
Having been named as registered agent and hability company at the place designated		
registered agent and agree to act in this cap		
statutes relating to the proper and complete	eperformance of my duties, and Lam	fomiliar with cost
accept the obligations of my position as i	consisted agent as provided for in C	Support 605 (1.8)
// /// Chev	enne Moseley, Asst. Secretary (on behalf of
/ / / Unite	d States Corporation Agents, In	C.
Registered Agent - a	enature (REQUIRLD)	202
(CONTI	NUFD)	2021 MAY 19
		<u>\$</u> . 9
		🎞 1

Tit <u>le:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MRG	Michelle Hope
	3028 buttercup Ln
	Lake Placid, Fl 33852
	 -
	»
	3 ·
	<u> </u>
	
Use attachment if necessary)	••
Ose attachment is necessary,	
EV: Other provisions, if any.	
REQUIRED SIGNATURE:	
NI 1 911 1.41	1 1/2-02
Muchille Sphin	Logo 10U
	/
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 awa
any false information submitted in a docur	ment to the Department of State constitutes a third degree
as provided for in s.817.155, F.S	
Michelle Lynr	n-Souza Hope
Tvi	ned or printed name of signee
-21	Filing Fees

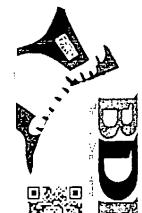
The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

WWW.AUVESHOES.COM/BEHIND-DA-BI 1-(823)-433-2690 #2

WWW.ALIVESHOES.COM/BEHIND-DA-BARZ-2

1-(833)-435-2699 #3





WWW.ALIVESHOES.COM/BEHIND-DA-BARZ-2 1-(833)-433-2699 #3



WWW_ALIVESHOES.COM/BEHIND-DA-BARZ-2 1-(855)-433-2699 #3



WWW.AIIVLSHOES.COM/BEHIND-DA-BARZ-2 1-[833]-433-2699 #3



WWW.ALIVESHOES.COM/BEHIND-DA-BARZ-2 1-(833)-433-2699 #3













WWW.ALIVESHOES.COM/BEHIND-DA-BARZ-2 1-(853)-433-2699 #5















































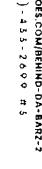














WWW.AUVESHOES.COM/BEHIND-DA-BARZ-2

WWW.ALIVESHOES.COM/BEHIND-DA-BARZ-2

1-(855)-435-2699 #3



