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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer	
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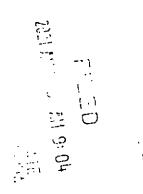
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8/10/21



COVER LETTER

TO: New Filing Se Division of C					
	SOLUTIONS, LLC				
SUBJECT:					
	(Name of Res	sulting Florida I	Limited Con	npany)	
		~		d fees are submitted to corccordance with s. 605.104.	
Please return all corre	espondence concernin	g this matter	to:		
JYOTA SNYDER					
MERYLL SOLUTIONS,	(Contact Person) LLC				
500 WESTOVER DR #	(Firm/Company) 10657				
SANFORD, NC 27330	(Address)				
(Csnyder.jyota@gmail.com	City, State and Zip Code)				
E-mail Address: (to be	e used for future annual re	port notification	ns)		
For further information	on concerning this ma	tter, please c	all:		
Jyota Snyder		206 at (218-4)	964	
(Name of Conta	ct Person)		Ode) (Day	time Telephone Number)	
	or the following amou a bank located in the		•	sed by this office must be p	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 F and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81	

Tallahassee, FL 32303

JULY 26th, 2021

To Whom It May Concern:

We are filing this conversion and articles of organization for Meryll Solutions, LLC – Florida document #L19000072875. We had previously organized Meryll Solutions. LLC in Florida State and converted out of Florida when we, the owners of the business, moved out of state. We are now returning to live in Florida full-time and wish to convert our business entity back to Florida state.

We've included what we believe to be the necessary paperwork for this to be done, but if we need to do anything further please contact us at Snyder.jyota@gmail.com or (206)218-4964, or by mail at 500 Westover Dr #10657, Sanford, NC 27330. We will file the necessary conversion paperwork in the state we are leaving as well. Thanks for your assistance in this matter.

Sincerely.

Jyota & Lauren Snyder Owners MervII Solutions, LLC

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.

	(Enter Name of Other Business Entity) LLC
_	
∠.	The "Other Business Entity" is a
Fir	est organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country) 2/12/2021
on	(date of organization, formation or incorporation)
	(Enter Name of Florida Limited Liability Company) 9/27/21
4.	If not effective on the date of filing, enter the effective date:
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the	e date this document is filed by the Florida Department of State.)
the <u>No</u>	e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tunnent's effective date on the Department of State's records.
the No doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
the No doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.

Signed this 26 day of June Jhly	_ 20 <u> </u>
Signature of Authorized Representative of Lim	
Simple of A all visual Democratics	2~
Signature of Authorized Representative:Printed Name:	Tist President
Printed Name: John Silvaei	Tille: Liesiderit
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
Signature(s) on behan of Other Business Entity.	[See below for required signature(s)]
Signature: ///	
Printed Name: Jyota Snyder	Title: President
Signature: Law and	
Signature: <u>Lamer</u>	
Signature: Alm 2000 Printed Name: Lauren Snyder	Title: Vice-President
Signature: Printed Name:	
Printed Name:	Title:
Signature:	mat
Printed Name:	title:
Signature	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
	ty Limitad Dartnarchine
Signatures of ALL General Partners.	ty Emitted Farthersing.
originatures of ADD General Futuress.	
All others:	
Signature of an authorized person.	
r	
Fees:	
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

ARTICLE I - Name:	
The name of the Limited Liability Com-	pany is:
MERYLL SOLUTIONS, LLC	
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2061 VININGS CR	500 WESTOVER DR
APT 1421	#10657
WELLINGTON, FL 33414	SANFORD, NC 27330
ADTICLE III Designad Appet De	-internal Office & Descriptional Assertic Signatures
	gistered Office, & Registered Agent's Signature: 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:
JYOTA SNYDER	
JTOTASNTDEN	Name
	Nume
2061 VININGS CR, A	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
WELLINGTON	33414 FT.
City	Zip
	nt and to accept service of process for the above stated limited quated in this certificate. I hereby accept the appointment as
	is capacity. I further agree to comply with the provisions of all
	omplete performance of my duties, and I am familiar with and
accept the obligations of my position	on as registered agent as provided for in Chapter 605, F.S.,
//	
Registered Ager	nt's Signature (REQUIRED)
	i.

(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			
MGR	JYOTA SNYDER		
	2061 VININGS CR, APT 1421		
	WELLINGTON, FL 33414		
MGR	LAUREN SNYDER		
	2061 VININGS CR, APT 1421		
	WELLINGTON, FL 33414		
(Use attachment if necessary)			
(Ose attachment if necessary)			
ICLE V: Other provisions, if any.			
SNYDER is 50% OWNER I ALIREN SNYDE	R is 50% OWNER of SHARES OF THIS BUSINESS		
ON THE THE SOUR OWNER, ENOTIEN ON THE	THIS SOUR CHINETIC OF THIS BOSINESC		
DECHIDED SIGNATURE.			
REQUIRED SIGNATURE:			
// //	7		
	r an authorized representative of a member		

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.

JYOTA SNYDER, PRESIDENT, MERYLL SOLUTIONS, LLC

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)