(121000422656

(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



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06/30/21--01016--007 ++185.00

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W31.110163

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2021

LAURA WALKER 4840 66TH PLACE VERO BEACH, FL 32967

SUBJECT: LAURA WALKER, LLC Ref. Number: W21000110152

We have received your document for LAURA WALKER, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 121A00018784



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2021

LAURA WALKER 4840 66TH PLACE VERO BEACH, FL 32967

SUBJECT: PULL UP PARTNERS, INC.

Ref. Number: W21000096532

We have received your document for PULL UP PARTNERS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., required by certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 421A00015380

www.sunbiz.org

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COVER LETTER

TO: New Filing Division of	g Section of Corporations					
SUBJECT: LAUF	RA WALKER, LLC.					
30111CC1	(Name of Re	sulting Florida Limi	ted Cor	mpany)		
The enclosed Arti Business Entity" i	cles of Conversion, Artic nto a "Florida Limited L	cles of Organizat Jability Compan	ion, ar y" in a	nd fees are submitted t accordance with s. 605	to convert an " 5.1045, F.S.	Other
Please return all c	orrespondence concernir	ng this matter to:				
Laura Walker					~3	
	(Contact Person)		_		B21	
LAURA WALKER,	LLC.				אר. ריז ייי	1;
	(Firm/Company)		_		<u> </u>	;· ·
4840 66th Place						m
	(Address)		_			Ü
Vero Beach, FL 329	967		_		27 格斯12	5
	(City, State and Zip Code)					•
lwalkerspasolutions	@gmail.com		_			
E-mail Address: (1	to be used for future annual re	eport notifications)	_			
For further inform	ation concerning this ma	atter, please call:				
Laura Walker		_at (667-	-7187		
(Name of Co	ontact Person)	(Area Code) (Da	ytime Telephone Number))	
	k for the following amou on a bank located in the		oroces	sed by this office mus	st be payable ir	ı US
☐ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es \$\square\$\$\square\$\$\$\square\$\$\$\$\$ sand Certificate of Status	□\$180.00 Filing and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
P.O. Box 6	Section Corporations		New Divis The C	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 8 10	

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.

	VALKER, LLC. (Enter Name of Other Business Entity)
2. The "	Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First orga	anized, formed or incorporated under the laws of
on 05/27	/2014
(date o	of organization, formation or incorporation)
	ame of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LAURA V	VALKER, LLC.
	(Enter Name of Florida Limited Liability Company)
	effective on the date of filing, enter the effective date: ective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(The effe the date <u>Note:</u> If th	effective on the date of filing, enter the effective date:
(The effe the date Note: If the document's	ective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after this document is filed by the Florida Department of State.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 28th day of June 20 Z1	<u>-</u>
Signature of Authorized Representative of Limited Liability Co	ompany:
Signature of Authorized Representative of Limited Liability Constitution of Authorized Representative: Printed Name: Laura Walker Title: Managir	wa Walker
Signature(s) on behalf of Other Business Entity: [See below for re	equired signature(s)
Signature: Printed Name: LAURA WALKETILLE: (NOR	es Managin Partner
Signature: Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must seem	sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	2921 SEP
If Florida Limited Partnership or Limited Liability Limited Partners. Signatures of ALL General Partners.	nership:
All others: Signature of an authorized person.	A & 2

Fees:

Articles of Conversion:

\$25.00

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

ARTICLE I - N			
The name of the	Limited Liability Company	is:	
LAURA WALKER			
(1	Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC."))
ARTICLE II - A	Address:		
		e principal office of the Limi	ted Liability Company is:
Principal Office	Address:	Mailing Address:	
4840 66th Place		4840 66th Place	
Vero Beach, FL 3	2967	Vero Beach, FL 32967	
ADTICLE III	Designationed Agent Designation	ered Office, & Registered A	gant's Signature
(The Limited Liability	Company cannot serve as its own R	egistered Agent. You must designate a	in individual or another
business entity with a	nn active Florida registration.)		
The name and the	e Florida street address of t	he registered agent are:	
	Laura Walker	ame	
	14	ame	
	4840 66th Place		
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	Vero Beach, FL	FL 32967	
	City	Zip	
	·	,	
Having been n	amed as registered agent ar	nd to accept service of process	for the above stated limited
		d in this certificate, I hereby a pacity. I further agree to com	
regisierca agen statutes relati	n and agree to act in this ca ing to the proper and compli	ete performance of my duties,	and I am familiar with and
accept the a	obligations of my position as	registered agent as provided	for in Chapter 605, F.S
	•	1	N
	faure 4	MARAL	2021 SEP 27
		Signature (REQUIRED)	- (2)
		, , , ,	N 7
			71.
	(CONT	(INUED)	ë D Personal
			, , .

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Loura Walker
AMBR	Laura Walker 4840 66th Place
	Vero Beach, FL 32967
	Vero Beach, FL 32307
Use attachment if necessary)	
E. V. Other receiptions if one	
EV: Other provisions, if any.	
<u> </u>	
LE V: Other provisions, if any.	<u>:</u> ·
<u> </u>	
<u> </u>	11 11 11 11 11 11 11 11 11 11
REQUIRED SIGNATURE:	
Signature of a member of This document is executed in accordar any false information submitted in a do	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155. F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155. F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155. F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware

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

ARTICLE IV-

Company: