# 2100041123

(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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\$8,754701-4010654-611 \*#43.75

10/07/21--01002--003 \*\*111.25

Jilul 8/27/21

W21-12621



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2021

MICHELLE DAWSON TRUE LIFE PHOTOGRAPHY 25 LAKEWOOD CAUSEWAY WINTER HAVEN, FL 33884

SUBJECT: TRUE LIFE PHOTOGRAPHY

Ref. Number: W21000112621

We have received your document for TRUE LIFE PHOTOGRAPHY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was sent. I have enclosed the correct form if you wish to convert your corporation into a limited liability company. If so, please complete and return all forms along with an additional payment of \$111.25.

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.

Letter Number: 421A00019492

DANIEL L O'KEEFE Regulatory Specialist II

2021 - 27 Line 12

#### **COVER LETTER**

Division of Co	orporations			
SUBJECT:	ve life the	otography ulting Florida Limited Com	pany)	
			d fees are submitted to convert a cordance with s. 605.1045, F.S.	n "Other
Please return all corre	espondence concerning	g this matter to:		
Michelle True Like	Contact Person)  Photogram (Firm/Company)	phy		
Winter h	(Address)  (Wen Fl.  City, State and Zip Code)	2004 33884		
Michelled	e used for future annual rep	port notifications)	com	
For further information	on concerning this mat	tter, please call:	•	
(Name of Conta	Dawson)	_at <del>(Area Code)</del> (Day	92 - 42-66 time Telephone Number)	
	or the following amou a bank located in the		sed by this office must be payabl	e 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 Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy. and Certificate of Status	1.25
Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	New Divis The C	Address: Filing Section fon of Corporations Fentre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO: New Filing Section

## 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:
Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>dorporation limited partnership, general partnership, common law or business trust, etc.</u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of $\pm 100$ d $\oplus$
(Enter state, or if a non-U.S. entity, the name of the country)
on $12/2/2/9$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(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 23 day of August	20_21	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative: WICK Printed Name Mickette Dawson	Title: OULCY	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)[	
Signature: M. W. Down Downson	LS.M. Title: D. Sector	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:		
	_ little:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	<b>₽</b> ****
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)	r 0

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "E.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its 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:

ARTICLE 1 - Name:

Name

Name

25 Inlewood Cunsenty

Florida street address (P.O. Box NOT acceptable)

Wither Howen FL 33884

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>V</u> \ (⇒ ((	Michalle Danson 25 Julewood Conscion Wher Howen #1 33884
AMBR	25 Ichlewood Cunsavay winter House fl 33284
(Use attachment if necessary)	2121 AUG 27
ARTICLE V: Other provisions, if any.	****
REQUIRED SIGNATURE:	Duran
Signature of a member or This document is executed in accordance	an authorized representative of a member 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.

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)