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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
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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COVER LETTER

SUBJECT: Fearless Husband LLC			
(Name of R	esulting Florida Lin	nited Com	pany)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	cles of Organiza Liability Compar	ition, and ny" in ac	I fees are submitted to convert an "Other
Please return all correspondence concerni	ng this matter to	•	
Teya Lee			
(Contact Person)		_	
Fearless Husband LLC			
(Firm/Company)			
1619 Druid Rd			
(Address)		_	
Maitland, FL 32751			
(City, State and Zip Code)			
teya.gabriel@mac.com			
E-mail Address: (to be used for future annual r	eport notifications)		
For further information concerning this m			
Teya Lee	at (<u>480</u>	ם כילל	3266
(Name of Contact Person)	at ()	time Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	net (All alast	process	sed 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 Filinand Certified C	ng Fees Opy	□S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section Division of Corporations

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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)
2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) First organized, formed or incorporated under the laws of
on 02 01 2014 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Fearless Husband 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.
C. The MC amounted as Other Day of the second

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.

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et.

Signed this day of October	_20 2 [
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Teya Lee	Title: Authorized Member
Signature(s) on behalf of Other Business Factor to	
Signature: Printed Name: Teya Lee Signature:	· · · · · ·
Printed Name: Teya Lee	Title: Authorized Member
Signature:	_
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
Signature:Printed Name:	Title
	_ title.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Director, or Chairman, D	Oct
If Directors or Officers have not been selected, an Inc	Corporator must sign.
If Florida General Partnership or Limited Liabili	•
Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership;
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)

. . . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The state of the s
ARTICLE I - Name:	
The name of the Limited Liability Company is	:
_	
Fearless Husband LLC	
(Must contain the words "Limited Liabili	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	
	Mailing Address:
1619 Druid Rd	1619 DRuid Road
Maitland, FL 32751	Maitland, FL 32751
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Teya Lee	
Nam	e
1619 Druid Road	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
Maitland	FL 32751

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.

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	la de
Authorized Member	Joshua Lee
	1619 Druid Road
	Maitland, FL 32751
Authorized Member	Teya Lee
	1619 Druid Road
	Maitland, FL 32751
	Madand, FE 32731
	
(I las attachment if massass)	
(Use attachment if necessary)	
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(Use attachment if necessary) ICLE V: Other provisions, if any.	
CICLE V: Other provisions, if any. REQUIRED SIGNATURE:	
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ICLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or as	n authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance we	n authorized representative of a member vith section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance we	ith section 605,0203 (1) (b). Florida Statutes, Lam aware that
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S.	rith section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S.	rith section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
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