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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Madeline Varyen a gency LC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
McKelline Naryer (Contact Person)
(Firm/Company)
10150 Beach Blvd # 10 (Address)
Jackson Ville FL 32246 (City, State and Zip Code)
E-mail Address: (to be used for future Annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (72) 240 6702 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S150.00 Filing Fees and Certificate of S180.00 Filing Fees and Certified Copy (Certificate of Status) S180.00 Filing Fees and Certified Copy (Certificate of Status)
Mailing Address: Street Address:
New Filing Section New Filing Section Division of Cornerations
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Madeline Waryen agency Inc. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>cox pora ton</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 Florica (Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formation or incorporation). (1/12/2018)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Madeline Northern agency LC (Enter Namo 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 decrement is filed by the Elevide Department of filed.)
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 octuber day of 20th	_ 20 <u>_ 2 1</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Wadeline Westure	M Nopeyen _ Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Migrusen Printed Name: Madeline Norwen	Title: President
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 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 Liabili 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Madeline Wowyer (Must contain the words "Limited Liability	agency LLC y Company, L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
10150 Beach Blyd # 10 Jacksonville FL 32246	Jackson VIII FL 37225
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Madeline No Name	egistered agent are: 22 OCT 22
Florida street address (P.O.	
_ Tacksonville	FL 32225 35 S

is:

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Madeline Nayer 11449 Laurel Green Way N Tackson ville FL 322250
(Use attachment if necessary) ARTICLE V: Other provisions, if any.	
<u>required</u> signature:	quyl

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)

as provided for in s.817.155, F.S.