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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
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(DO	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New.Filing S Division of C				
SURI	IECT: W TRUS	ST INVESTMENTS, INC			
0000		(Name of Res	sulting Florida Limi	led Con	npany)
			-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
TONI	WASHINGTON				
	· · · · · · · · · · · · · · · · · · ·	(Contact Person)		-	
W TR	UST INVESTME	NTS, INC			
		(Firm/Company)		-	
5463	SEA BISCUIT R	OAD			
		(Address)		-	
PALM	BEACH GARDI	ENS, FL 33418			
 	(1	City, State and Zip Code)		-	
WTRL	JSTINVESTMEN	ITS@GMAIL.COM			
E-r	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	ırther informati	on concerning this ma	tter, please call:		
Toni V	Vashington		at (⁵⁶¹	202~	1322
	(Name of Conta	act Person)		(Day	time Telephone Number)
		for the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fo & \$125	i0.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassec,	ection Corporations 27		New 1 Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee 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 W TRUST INVESMENTS, INC	18:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
First organized, formed or incorporated under the laws of	
SEPTEMBER 9, 2021	,
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza W TRUST INVESTMENTS, LLC	tion:
(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 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 a 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 amowhich such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	int to

Signed this 23	day of OCTOBER	20 📿]	
Signature of Author	ized Representative of	Limited Liability Company	<u>y:</u>
Signature of Authoriz Printed Name: TONI W	ed Representative:	Title: DIRECTOR	 -
		ty: See below for required	signature(s)
Signature:	war		
Printed Name: TONI W	ASHINGTON	Title: DIRECTOR	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
Printed Name:		Title:	
Signature:		Title:	
		True	· · · · · · · · · · · · · · · · · · ·
If Florida Corporation		0.87	
	Vice Chairman, Director have not been selected, a		
		•	
If Florida General Pa Signature of one Gener	rtnership or Limited Lia al Partner	bility Partnership:	
_			
If Florida Limited Par Signatures of <u>ALL</u> Ger	tnership or Limited Lia eral Partners.	bility Limited Partnership:	
All others: Signature of an authori:	ed person.		
Fecs:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 241 OCT 29 FF F: 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
W TRUST INVESTMENTS, LLC	
(Must contain the words "Limited Liability	Communa M. I. C. P. and I. C. P.
(Musi contain the words Elithied Elaothry	Company, L.L.C., or LLC.
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
G P	repair of the Zimite Zimenty Company is.
Principal Office Address:	Mailing Address:
5463 SEA BISCUIT ROAD	5463 SEA BISCUIT ROAD
PALM BEACH GARDENS, FL 33418	PALM BEACH GARDENS, FL 33418
ADTICLE III Degistered Agent Desistered	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the rep	gistered agent are:
TONI WASHINGTON	_
Name	
5463 SEA BISCUIT ROAD	
Florida street address (P.O. I	Box NOT acceptable)
PALM BEACH GARDENS	r. 33418

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:

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	TONI WASHINGTON
	5463 SEA BISCUIT ROAD
	PALM BEACH GARDENS,FL 33418
	<u> </u>
	<u></u>
	>
	10 (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	••
(Use attachment if necessary)	. <u></u>
	•
LE V. Other province if any	
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Let v. Other provisions, it any.	
12. V. Other provisions, it any.	
i.e. v. Other provisions, it any.	
	M
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware

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)