# 121000505469

(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:					

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J D.L. WIS

### **COVER LETTER**

TO:	New Filing So Division of C					
SUB.	JECT: Plum Cra	zy Defense Boutique				
.,,,,,,,,			sulting Florida Lin	nited Co	ompany)	
					and fees are submitted to convert an "caccordance with s. 605.1045, F.S.	Other
Pleas	e return all corre	espondence concernin	g this matter to	:		
Hydie	Leatrelle Pasic					
-		(Contact Person)		_		
Plum	Crazy Defense B	outique Corp				
		(Firm/Company)		_		
14312	2 Avalon Reverse	Blvd #203				
		(Address)				
Orlan	do, Fl 32828					
	(0	City, State and Zip Code)		_		
plumo	crazydefensebout	ique20@gmail.com				
E-1	mail Address: (10 b	e used for future annual re	port notifications)	_		
For fi	arther informatio	on concerning this ma	tter, please call	:		
Hydie	Leatrelle Pasic		_at (	)427-	7-2252 aytime Telephone Number)	
	(Name of Conta	et Person)	(Area Cod	e) (Da	aytime Telephone Number)	
		or the following amou a bank located in the		proces	essed by this office must be payable in	ı US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addr New Filing So Division of Co	ection		New	et Address: / Filing Section ision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



# 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: Plum Crazy Denfense Boutique (かん)
(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 organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/15/2021 បារ
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Plum Crazy Defense Boutique LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11/18/2021
(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 <u>18</u>	day of November	20	:				
		ized Representative of						
Signatu Printed	ire of Authoriz Name: Hydie Le	ed Representative:	Title: Pre	Meteox				
Signatu	ıre(s) on behal	f of Other Business Ent	ty:  See below for red	quired signature(s)				
Signature Holle Scatzalle + 2016								
Printed	Name: Hydre Le	eatrelle Pasic	Title: pres	ident				
			-					
Printed	Name:		Title:					
Signatu	re:							
Printed	Name:		Title:					
Signatu	ге:							
Printed	Name:		Title:					
Signatu	re:			<del></del>				
Printed	Name:		Title:	· · · · · · · · · · · · · · · · · · ·				
Signatu	re:		Tistos	<del></del>				
rimen	ivame:		rate:					
	da Corporatio	<u>n:</u> , Vice Chairman, Directo	or Officer					
		have not been selected,		gn.				
If Flori	da General Pa	rtnership or Limited Li	ability Partnership:					
	re of one Gener							
	da Limited Pa res of ALL Ger	rtnership or Limited Li neral Partners.	ability Limited Partne	ership:				
All othe Signatu	e <u>rs:</u> re of an authori	zed person.						
Fees:								
	Articles of Cor	nversion:	\$25.00					
		a Articles of Organizati		a.l.\				
	Certified Copy Certificate of S		\$30.00 (Optional \$5.00 (Optional					

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Plum Crazy Defense Boutique LLC.		
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
14312 Avalon Reserve Blvd #203	14312 Avalon Reserve Blvd	#203
Orlando, FI 32828	Orlando, FI 32828	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own Educiness entity with an active Florida registration.)  The name and the Florida street address of the street address of the street address.	ered Office, & Registered Agen Registered Agent. You must designate an in the registered agent are:	nt's Signature 21 NOV 22
Hydie Leatrelle Pasic		
N	•	
14312 Avalon Reserve Bl	vd # 203	<b>2</b> 5
Florida street address (	P.O. Box NOT acceptable)	
Orland	FL <sup>32828</sup>	
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)

A	R	Т	ı	C	L	E	ı	V	_
Α	ĸ		ı	u	L	C.		v	•

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					
Mer	Hydie Leatrelle Pasic				
,	14312 Avalon Reserve Blvd #203				
	Orlando, Fl 32828				
<del></del>					
<del></del>	<del> </del>				
(Use attachment if necessary)  RTICLE V: Other provisions, if any.					
REQUIRED SIGNATURE					
Affair Soat	allo tode				
Signature of a marrhan and	an authorized removementative of a manufact				
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony				
Hydie Leatrelle Pasic					
Tvi	ned 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)