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(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

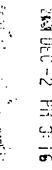
T. SCOTT

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COVER LETTER

TO: New Filing Section	
Division of Corporations	110
SUBJECT: Me 8 Earth 1	
(Name of Result	ting Florida Limited Company)
	s of Organization, and fees are submitted to convert an "Other pility Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning t	this matter to:
Plamena Uzunova	
Me S Earth LLC	
Plamena Uzunova Me S Earth LLC (Firm/Company) (Address)	4.912
(Address) Clearwater, FL 33765 (City. State and Zip Code) Meandearth 1 @ g Mail. COV	
(City, State and Zip Code)	
meandearth a gmail con	11
E-mail Address: (to be used for future annual repor	rt notifications)
For further information concerning this matter	r, please call:
Plamena Uzunova :	at (732) 430 5493
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: dollars and drawn on a bank located in the Un	: (All checks processed by this office must be payable in US nited States)
	□S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section	Street Address: New Filing Section
Tront time poemon	How I fing Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Artic	cles of Conversion is:
(Enter Name of Other Business Entity)	<u> </u>
2. The "Other Business Entity" is a Limited Liability Corpora how (Enter entity type. Example: corporation, limited partnership, general partnership, comm	non law or business trust, etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a nond). S. entity, the	
on <u>08/08/2019</u> (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
(Enter Name of Florida Limited Liability Company)	<u>—</u> ;
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 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 dadocument's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	isal rights the amount to

Signed this 30 day of November			
Signature of Authorized Representative of Limit			
Signature of Authorized Representative: 400 Printed Name: Planeina VZUNOVA	Tide: Mulhorized Meinber		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: AMAM. Printed Name: Planena Mzunova	1. 1/ 1. 1/ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Printed Name: Plawena !WZUNOVO	Title: MALLONZED MELUGER		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	_ Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer		
If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability 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 I - Name:

The name of the Limited Liability Company is:	
Me 8 Earth 11 C (Must contain the words "Limited Liability	Company, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address of the pri	neipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2550 Stag Run Blvd.	2550 Starg Run Blvd.
Apt. 912 0 Clearwaker FL 33765	Apt. 912 0 Clearnater Fl 33765
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	gistered agent are:
Plamena Uzi	unova
Name	
2550 Stoug Run Florida street address (P.O.	Blvd. Apt. 912
Florida street address (P.O.	Box NOT acceptable)
<u>Clearnater</u> City	FL 33765
City	<u>FL <i>33765</i></u> Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
(CONTINU	JED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member

This document is executed in accordance 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.

Plamena Uzunova
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)