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(Requestor's Name)				
(Add	ress)			
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(City.	/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

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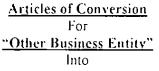
COVER LETTER

Division of Corporations	
SUBJECT:	PPYSAP.
	ulting Florida Limited Company)
	les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605,1045, F.S.
Please return all correspondence concerning	g this matter to:
Cameron Balliett (Contact Person) Happy Sap. (Firm/Company)	e
(Contact Person)	
HappySap.	
(Firm/Company)	
433 Wilson Ave (Address)	
(Address)	
Carreland, FL (City, State and Zip Code) Camballict tet 8 Orgy E-mail Address: (to be used for future annual rep	33810
(City, State and Zip Code)	
Camballict teys @ Car	nail.com
E-mail Address; (to be used for future annual rep	oo:t notifications)
For further information concerning this mat	ter, please call:
Cameran Balliette (Name of Contact Person)	at (863) 327-9782 (Area Code) (Daytime Telephone Number)
(Name of Confact Ferson)	(Area Code) (Dayonie Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	nt: (All checks processed by this office must be payable in US Inited States)
▼ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations
1.0. DOX 0027	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





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: Happy Sap. Incorporated (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc."
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country) on 09/30/- 202\ (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Happy Sap. LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: September 17 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>Sep.</u> day of <u>30th</u>	20 21	<u>-</u>
Signature of Authorized Representative of Limi	ited Liabilit	v Company:
ci ca	wB	rec
Signature of Authorized Representative:	Title	Managemen +
Signature(s) on behalf of Other Business Entity:		
Signature: MM Ballittle Printed Name: Cameron Bullittle	·	:: A
Printed Name: Camero Battille	I itle:	managem
Signature:Printed Name:		
Printed Name:	1 itle;	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	corporator m ty Partnersh	iip:
Signatures of ALL General Partners.		
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization:	\$25,00 \$125,00	
i ces ioi i ionda mineres di Ofeanizalion.	マモニュリリ	
Certified Copy:	\$30.00 (O ₁	otional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company	is:		
	HappySa	P. LLC	•	
(Mus	t contain the words "Limited Lial	bility Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	Iress: and street address of the	principal offic	ee of the Limited Lia	bility Company is:
Principal Office Ac	ddress:	Mailing z	Address:	
4257 Hold Correlandir		433 wi	Ison Ave	21 C
(The Limited Liability Cor	gistered Agent, Registe apany cannot serve as its own Re tive Florida registration.)	red Office, & egistered Agent. Yo	Registered Agent's u must designate an individ	Signature: 19 AH
The name and the F	lorida street address of th	ne registered ag	gent are:	9:
	Canera (Balliet	te	. 05
	No	ime	_	
	433 wilson +	me 🗫		
•	Florida street address (I	O. Box NOT	acceptable)	
	Lakeland	FL	33801	
•	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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Cameron Balliette 433 wilsonAve Calceland FL USA 33801
(Use attachment if necessary)	
CLE V: Other provisions, if any.	J/A
REQUIRED SIGNATURE:	2 July
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes. I am aware the nent to the Department of State constitutes a third degree fe
Typ	ped or printed name of signee Filing Fees
\$125.00 Filing Fee for Articles of	f Organization and Designation of Registered

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Company: