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	(Business Entity Name)	
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Certified Copies	Certificates of 8	Status
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Special Instructions	s to Filing Officer:	

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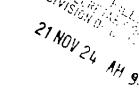
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(17/100)132475

COVER LETTER

TO:	New Filing Se Division of C		`		
SUR	JECT: OLGA'S	FRIENDS INC.			
SOD	01	(Name of Res	ulting Florida Limite	ed Comp	pany)
			_		I fees are submitted to convert an "Othe cordance with s. 605,1045, F.S.
Pleas	se return all corre	espondence concerning	g this matter to:		
OLG	A BLACKBURN				
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
OLG	A'S FRIENDS INC	D			
		(Firm/Company)			
3821	NE 29TH AVE				
		(Address)			
LIGH	THOUSE POINT	FL 33064			
-	((City, State and Zip Code)			
JIMB	@MYCCMORTG	AGE.COM			
E-	-mail Address: (to b	e used for future annual re	port notifications)		
For t	urther informati	on concerning this ma	tter, please call:		
OLG	A BLACKBURN		_at (593-8	043
	(Name of Conta	ct Person)	(Area Code)	(Dayt	ime Telephone Number)
		or the following amou a bank located in the	,	rocesse	ed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	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	ress:		Street	Address:
	New Filing S				iling Section
	Division of C P.O. Box 632	•			on of Corporations entre of Tallahassee
	Tallahassee, l				V. Monroe Street, Suite 810

Tallahassee, FL 32303



Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: OLGA'S FRIENDS INC. 	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (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)	.,
(Enter state, or if a non-U.S. entity, the name of the country)	
12/31/2020 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: OLGA'S FRIENDS LLC.	
(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 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 emproved in accordance with all applicable statutor	

- 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>21</u>	_day of <u>SEPTEMBER</u>		20	
Signati	ure of Author	ized Representative o	f Limite	ed Liability Company:	<u> </u>
Signatu Printed	ire of Authoriz Name <u>; OLGA E</u>	red Representative:	O.J.	Sa Blockhum Title: MGR.	
Signati	re(s) on beha	lf of Other Business E	ntity: S	ee below for required s	signature(s)]
Signatu	re:	Dlay Black	la-	_	
Printed		BLACKBURN		Title: MGR.	
Signatu Printed	re: Name:			Title:	
Printed	Name:			Title:	
				Title:	
Signatu	re:				
Printed	Name:			Title:	
Signatu Printed	re: Name:			Title:	
Signatu If Direc	tors or Officer	n, Vice Chairman, Directs s have not been selected artnership or Limited	d, an Inco	orporator must sign.	
<u>If Flori</u>	ida Limited Pa		<u>Liability</u>	Limited Partnership:	
All oth Signatu	ers: ure of an author	rized person.			
Fees:					
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organiz y:	ation:	\$25.00 \$125.00 \$30 00 (Optional) \$3.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	
OLGA'S FRIENDS LLC.	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
OLGA'S FRIENDS LLC.	OLGA'S FRIENDS LLC.
3821 NE 29TH AVE	3821 NE 29TH AVE
LIGHTHOUSE POINT FL 33064	LIGHTHOUSE POINT FL 33064
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Blackburn	
Nam	ne
3821 NE 29TH AVE	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
LIGHTHOUSE POINT	FL 33064
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	D	TI	C	1		Г١	<i>7</i> _
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The name and address of each person authorized to manage and control the Limited Liability Company:

'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	OLGA BLACKBURN
	3821 NE 29TH AVE
	LIGHTHOUSE POINT FL 33064
	
 	
Use attachment if necessary)	
Use attachment if necessary)	
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Use attachment if necessary) LE V: Other provisions, if any.	
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EV: Other provisions, if any.	
EV: Other provisions, if any.	6,2,2,1,1
·	Glan Blackburn
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Glga Blackburn
EV: Other provisions, if any. REQUIRED SIGNATURE:	<i>y</i> ,
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b)\Florida Statutes. I am awar
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a document.	an authorized representative of a member with section 605.0203 (1) (b) Florida Statutes. I am awar ment to the Department of State constitutes a third degree
EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817 155, F.S.	an authorized representative of a member with section 605.0203 (1) (b) Florida Statutes. I am awar ment to the Department of State constitutes a third degree
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EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817 155, F.S. OLGA BLACKBURN	an authorized representative of a member with section 605.0203 (1) (b) Florida Statutes. I am award ment to the Department of State constitutes a third degree