# L22000001021

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PICK-UP WAIT MAIL	•
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Account#: I20000000088

Date:	12/30/2021		
	Marcel Ogbonna-Amu	<u> </u>	
Reference	#: <b>1560263</b>		
Entity Name	e:LUCY GI	EORGIADES, LLC	
✓ Artic	les of Incorporation/Authorization		
	nge of Agent		ANY ISSUES, CALL MARCEL:
☐ Rein	statement		(518) 213 - 0826
<b>✓</b> Conv	version		Thank you!
☐ Merg	ger		
☐ Diss	olution/Withdrawal		
☐ Fictit	tious Name		
✓ Other	erCERTIF	ED COPY OF THE FILING	
	Amount: \$180.00	··	

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TALLAHASSEE, FL

## 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.

	(Enter Name of Other Business Entity)
2. The "Other Business	Entity" is a limited liability company
(Enter entity t	ype. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed	or incorporated under the laws of California
_	(Enter state, or if a non-U.S. entity, the name of the country)
on 07/18/2010	6
	rmation or incorporation)
3. The name of the Flor	rida Limited Liability Company as set forth in the attached Articles of Organization:
Lucy Georgi	ades, LLC
<u> </u>	(Enter Name of Florida Limited Liability Company)
A. If not offactive on th	e date of filing, enter the effective date:
	nnot be prior to date of receipt or filed date nor more than 90 calendar days after
	t is filed by the Florida Department of State.)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date or	the Department of State's records.
5. The plan of conversion	on has been approved in accordance with all applicable statutes.

Signed this 30th	day of December	20_21
Signature of Authoriz	ed Representative of Lim	ited Liability Company:
Signature of Authorize	d Representative:	a Consolo
Printed Name: Lucy Georg	giades	Title: Authorized Member
Signature(s) on behalf	of Other Business Entity:	See below for required signature(s)
Signature:	e legido	Title: Authorized Member
Printed Name: Lucy Geor	giades	Title: Authorized Member
Signatura:		
Signature Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:
rimed ivallie.	<del></del>	
Signature:		
Printed Name:		Title:
Signature:		
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Signature: Printed Mame:	<del> </del>	Title:
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Signature:		
Printed Name:	-	Title:
	<del></del>	
<u>lf Florida Corporation</u>		
	Vice Chairman, Director, or	
If Directors or Officers l	have not been selected, an In	corporator must sign.
If Florida Cananal Dan	emanahim am Fimelead Fiatili	to Doute and in
II Florida General Par Signature of one Genera	<u>tnership or Limited Liabili</u> I Partner	ty rartnership:
orginature of one Genera	aratici.	
If Florida Limited Par	tnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> Gen	eral Partners.	
<mark>All others:</mark> Signature of an authoriz		
Signature of an authoriz	ed person.	
Fees:		
Articles of Con	Marcian :	\$25.00
	Articles of Organization:	\$125.00
Certified Copy:	_	\$30.00 (Optional)
Certificate of St		\$5.00 (Optional)
Commente of Ot	*******	obios (opinomi)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lucy Georgiade	es, LLC			
	(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II	- Address:			
The mailing ac	ddress and street address of the	e principal office of the Limited L	iability Compan	ıy is:
Principal Off	ice Address:	Mailing Address:		
435 W 51st Str	eet	435 W 51st Street		
Miami Beach, F	FL 33140	Miami Beach, FL 33140		
(The Limited Liabi business entity wi	lity Company cannot serve as its own Ro th an active Florida registration.)	red Office, & Registered Agent' egistered Agent. You must designate an indiv		202
	THE PRODUCT SHEET ACCURES OF IT	IC TOVINCIOO AVENI ATC		~
	the Florida street address of th	ie registered agent are.	26	2 JA
	Cogency Global Inc.		HYTTV	:- MAU 3
	Cogency Global Inc.	ame	ALLAHASS	2 JAN -3 F
	Cogency Global Inc.	ame	ALLAHASSEE	2 JAN -3 PM :
	Cogency Global Inc. Na 115 North Calhoun Street,	ame	DRETARY OF STA ALLAHASSEE, FI	2 JAN -3 PM 3: 0
	Cogency Global Inc. Na 115 North Calhoun Street,	ame Suite 4	DRETARY OF STATE ALLAHASSEE, FL	2022 JAN -3 PM 3: 08
	Cogency Global Inc.  Na  115 North Calhoun Street, Florida street address (F	Suite 4 P.O. Box <u>NOT</u> acceptable)	ORETARY OF STATE ALL/AHASSEE, FL	2 JAN -3 PM 3: 08

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

Lucy Georgiades

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Lucy Georgiades
	435 W 51st Street
	Miami Beach, FL 33140
	<u></u>
	ζ
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	·
	slegres
	_
	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe

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)