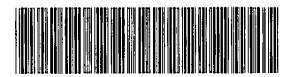
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12/28/21--01013--001 **185.00

SECRETARY OF A SECRET

1 DELIMS



COVER LETTER

Division of Corporations
SUBJECT: Cultural Ambassadors for Youths Limited Liability (Name of Resulting Florida Limited Company) Company
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Volande Danvers (Contact Person) Cultural Ambassadors for Vouths LLC (Firm/Company)
1746 Fast Silver Star Road, #198 (Address)
Ocoee, Florida 3476/ (City, State and Zip Code) Yolandedan vers @ gmail. com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: Volande Danvers at (984, 439-4920 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150,00 Filing Fees (\$25 for Conversion & Status S125 for Articles of Organization) S150,00 Filing Fees and Certificate of Status S180,00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Street Address: New Filing 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

TO: New Filing Section



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:

Cultural Ambassadors for Youth's Limited Liability Company
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of North Carolina (Enter state, or if a non-U.S. entity, the name of the country)
on Jaly 1, 2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Cultural Ambassadors for Youths Limited Liability Company
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: John 1, 2022

4. If not effective on the date of filing, enter the effective date: Oan 1, Oo22. (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.

Signature of Authorized Representative of Limi	ted Liability Company:
-	-
Signature of Authorized Representative: 4 Printed Name: Yolande Danvers	Tale Chief Ex
Printed Name: 1014114E 11411615	Time: Chief Executive
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Donver	
Signature: Danvers Printed Name: Yolande Danvers	Title: Chief Executive O
Signature: Printed Name:	TM.
Frinted Name:	me:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title.
Signature:Printed Name:	Title:
Third Page 1	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	
If Florida Corporation:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign. ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of 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 Signatures of ALL General Partners.	corporator must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of 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 Signatures of ALL General Partners. All others:	corporator must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If 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 must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If 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 Signatures of ALL General Partners. All others: Signature of an authorized person.	corporator must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If 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 Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	corporator must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If 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 Signatures of ALL General Partners. All others: Signature of an authorized person.	corporator must sign. ty Partnership: ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If 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 Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	ty Partnership: ty Limited Partnership: \$25.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Imbassadors			Liability	y hon
(Must	contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC	: ")		•
ARTICLE II - Add The mailing address	lress: and street address of the	principal office of the Lii	mited Liability Co	mpany is:	
Principal Office Ad	ldress:	Mailing Address:			
5632 Che	+ Drive	1746 Fast #198,00	Silver St	Tar Road	رك
32818		Florida 34	-761	\sim	0
	gistered Agent, Registero pany cannot serve as its own Reg tive Florida registration.)				Secretary of the
The name and the FI	orida street address of the	registered agent are:		>- 	
_	Yolande D.	anve/S	<u>.</u>	َ مِن	; ·
	Nan			35 35	•
_	5632 Chet	Drive	_		
	Florida street address (P.	O. Box <u>NOT</u> acceptable;)		
	011	2001	0		

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)

City

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager C.E.O /AMBR	Volande Danvers 5632 Chet Drive, Orlando, Florida 32818
	
(Use attachment if necessary)	
TCLE V: Other provisions, if any.	

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.

Danvers
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)