LZZDDD005131

(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 5'' Off
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
Grup.	JECT: 6192 Ha	•			
SUB	JECT:		sulting Florida L	imited Cor	mpany)
Busin	ness Entity" into		iability Comp	any" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
1 1000	o retain un con	espondence concernin	g uns matter	.0.	
Antho	ony Cameron				
		(Contact Person)			
		(Firm/Company)			
2423	SW 147th Ave #	2029			
		(Address)			
Miam	i, FL 33185				
	(1	City, State and Zip Code)			
FLBu	yMyHouseNow@)gmail.com			
E-r	mail Address: (to b	e used for future annual re	port notification	s)	
For fu	ırther informati	on concerning this ma	tter, please ca	II:	
Antho	ny Cameron		_at (_850	, 290-	2372
	(Name of Conta	act Person)	(Area Co	ode) (Day	time Telephone Number)
		for the following amou a bank located in the			sed by this office must be payable in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	□\$180,00 Fil and Certified		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing Sc Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Division	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: 6192 Hayes Drive LLC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
4/22/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
6192 Hayes Drive 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 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 13	day of April	20_21
Signature of Author	orized Representative of Lim	ited Liability Company:
	rized Representative:	
Signature of Author	rized Representative:	
Printed Name: Anthony	Cameron	Title: Managing Member
Signature(s) on bel	alf of Other Business Entity:	[See below for required signature(s)]
Signature:		
Printed Name: Ant	nony Cameron	Title: Managing Member
1 Hilled Ivalie	iony outnoted	Title
Signature:		
Printed Name:		Title:
G		
Signature:		CP' 1
Printed Name:		Title:
Signature:		
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Signature:		
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:
Signature:		
Printed Name		Title:
If Florida Corpora		
-	an, Vice Chairman, Director, or	
If Directors or Office	ers have not been selected, an In	corporator must sign.
If Florida Canaral I	Partnership or Limited Liabili	ty Partnarching
Signature of one Ger		ty i at theismp.
3		
	<u>Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL (General Partners.	
All others:		
Signature of an author	orized person.	
Fees:		
Articles of C	Conversion:	\$25.00
Fees for Flo	rida Articles of Organization:	\$125.00
Certified Co	S	\$30.00 (Optional)
Certificate o		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

6192 Hayes Drive LLC	J. of 1	bility Company, "L.L.C.," or "L.L.C.")	
(Musi contain the word	as talinited taat	ounty Company, "L.L.C., or "LLC.)	
ARTICLE II - Address: The mailing address and street ad	idress of the	e principal office of the Limited Li	ability Company is:
Principal Office Address:		Mailing Address:	
7901 4TH STREET N, STE 300		7901 4TH STREET N, STE 300)
ST. PETERSBURG, FL 33702		ST. PETERSBURG, FL 33702	
ARTICLE III - Registered Age (The Limited Liability Company cannot service)	ent, Register ve as its own Re	red Office, & Registered Agent's	Signature:
(The Limited Liability Company cannot serbusiness entity with an active Florida regis The name and the Florida street a	ve as its own Restration.) address of the REGISTER	egistered Agent. You must designate an indivi	SECULE TALLY OF STANKS JIVISION OF CALL CRAFTON 21: dual or another 19 AM 10: 06
(The Limited Liability Company cannot serbusiness entity with an active Florida regis The name and the Florida street a NORTHWEST	ve as its own Restration.) address of the FREGISTER Na	egistered Agent. You must designate an indivine registered agent are: ED AGENT LLC Ime	idual or another
(The Limited Liability Company cannot serbusiness entity with an active Florida regis The name and the Florida street a NORTHWEST	ve as its own Restration.) address of the FREGISTERI Na	egistered Agent. You must designate an indivine registered agent are: ED AGENT LLC Ime	idual or another
(The Limited Liability Company cannot serbusiness entity with an active Florida regis The name and the Florida street a NORTHWEST	ve as its own Restration.) address of the REGISTERI Na REET N, STE et address (P	egistered Agent. You must designate an indivine registered agent are: ED AGENT LLC Ime 300	idual or another

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Anthony Cameron 7901 4TH STREET N, STE 300 ST. PETERSBURG, FL 33702
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance:	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felor
Anthony Cameron	
Тур	ped 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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, 6192 HAYES DRIVE LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since (4/22/2019, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



Certificate Number: B202104121584989

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on (04/12/2021.

Barbara K. Cegavske BARBARA K. CEGAVSKE

Secretary of State