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(Re	questor's Name)	
(Ad	dress)	<u>.</u>
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Son Division of C				,
SUBJECT: LIVING V	WATERS CHRISTIAN F	AMILY COUNS	SELING LL	_C
		ulting Florida L		
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter t	o:	
ROGERIO ALVES DA	PAZ			
	(Contact Person)			
LIVING WATERS CHE	RISTIAN FAMILY COUN	SELING LLC		
	(Firm/Company)			
1100 S FEDERAL HW	Y SUITE 222			
	(Address)	······································		
DEERFILED BEACH,	FL 33441			
((City, State and Zip Code)			
ROGERPAZ@ME.CO	М			
E-mail Address: (to b	e used for future annual re	port notification	s)	
For further informati	on concerning this ma	tter, please ca	ıll:	
SYLVIO A. CORDEIRO	0	at (³⁰⁵	_\ 467-5	5117
(Name of Conta	act Person)		ode) (Day	rtime Telephone Number)
	for the following amou a bank located in the	•	•	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Add</u> New Filing S				t Address: Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: LIVING WATERS CHRISTIAN FAMILY COUNSELING CORP
(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)
08/17/2020 on
(date of organization, formation or incorporation)
LIVING WATERS CHRISTIAN FAMILY COUNSELING 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is:

The name of the Limited Liability Company is:
LIVING WATERS CHRISTIAN FAMILY COUNSELING LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability

Principal Office Address:	Mailing Address:
1100 S FEDERAL HYW SUITE 222	1100 S FEDERAL HYW SUITE 222
DEERFIELD BEACH, FL 33441	DEERFIELD BEACH, FL 33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROGERIO ALVES DA PAZ	
Nai	ne
1100 S FEDERAL HWY SU	ITE 222
Florida street address (P.	O. Box NOT acceptable)
DEERFIELD BEACH	_{FL} 33441
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)

Signed this 11 day of DECEMBER	_20_21
Signature of Authorized Representative of Limi	ted Liability Company
Signature of Authorized Representative: Printed Name: ROGERIO ALVES DA PAZ	FOGRAPIAZ.
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	
Printed Name: ROGERIO ALVES DA PAZ	Title: DIRECTOR
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager MGR	ROGERIO ALVES DA PAZ 1100 S FEDERAL HWY SUITE 222 DEERFIELD BEACH, FL 33441
(Use attachment if necessary)	
T.F.V. Other provisions if any	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	~>
LE V: Other provisions, if any. REQUIRED SIGNATURE:	212.1
	272.1 23
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware ament to the Department of State constitutes a third degree f

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)