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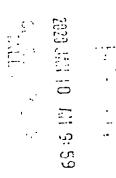
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COVER LETTER

Division of C						
SUBJECT. The Ima	ge and Co of SWFL, INC					
SUBJECT:	(Name of Res	sulting Florida Lim	ited Cor	npany)		
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza lability Compan	tion, an y" in a	nd fees are submitted to ecordance with s. 605.	convert a	n "Other
Please return all corr	espondence concernin	g this matter to:				
Vanessa Ziegler			_			
	(Contact Person)	-	_			
The Image and Co of S	SWFL, INC					
	(Firm/Company)					
601 Del Prado BLVD N	N, STE 14					
	(Address)		_			
Cape Coral, Florida 33	909					
	City, State and Zip Code)		_			
imageco.spa@gmail.c	om					
E-mail Address: (to b	e used for future annual re	port notifications)	_			
Kar further informati	on concerning this ma	tter inlease call:				
	on concerning this ma	-		0104		
Vanessa Ziegler		_at (207	_)		_	
(Name of Conta	et Person)	(Area Code	e) (12a)	ytime Telephone Number)		
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks United States)	proces	sed by this office must	be payabl	e in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add New Filing Son Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	e 8101	2020 JEH O 11H 9: 5

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: The Image and Co of SWFL, 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
on 05/05/2021 (date of organization, formation or incorporation) 2. The second of the Classical Line is at L
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : The Image and Co of SWFL, LLC
(Enter Name of Florida Limited Liability Company)
 If not effective on the date of filing, enter the effective date:

L22000029421

Signed this 05 day of January	_ 20
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Vanessa Ziegler	Tille: AMBR
Signature(s) on behalf of Other Business-Entity:	
Signature: Jangar	
Printed Name: Vanessa Ziegler	Title: Chairman
a.	
Signature:Printed Name:	Title:
Signature:Printed Name:	Titla
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Ivano.	
If Florida Corporation:	Officer
Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liability 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.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
The Image and Co of SWFL, LLC		
(Must contain the words "Limited I	liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
601 Del Prado BLVD N, STE 14	601 Del Prado BLVD N, STI	E 14
Cape Coral, Florida 33909	Cape Coral, Florida 33909	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own	tered Office, & Registered Age Registered Agent. You must designate an in	nt's Signature: ndividual or another
business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
Vanessa Ziegler .		
	Name	
1905 NE Juanita Place		
	(P.O. Box NOT acceptable)	
Cape Coral	FL 33909	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constant statutes relating to the proper and compaccept the obligations of my position of	ted in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an	ept the appointment as y with the provisions of al d I am familiar with and
	Signature (REQUIRED)	2020 JAH SESSEL TALL
(CON	(TINUED)	10 M 9: 58

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Vanessa Ziegler
	1905 NE Juanita Place
	Cape Coral, Florida 33909
AMBR	Samantha Dupree
AWDIN	3027 NW 3rd PL .
	Cape Coral, Florida 33993
	Oape Gold, Florida Gossa
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	2 de
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Vanessa Ziegler	nce with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordancy false information submitted in a document as provided for in s.817.155, F.S. Vanessa Ziegler	Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Vanessa Ziegler	Typed or printed name of signee Filing Fees
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Vanessa Ziegler	Typed or printed name of signee Filing Fees s of Organization and Designation of Registered.