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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations			
SUBJECT: Enlivened Collective LLC			
(Name o	of Resulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite	_		
Please return all correspondence conce	rning this matter to:		
Oren Shai			
(Contact Person)			
(Firm/Company)			20
12459 Keystone Rd			NAC 2883
(Address)			N 19
North Miami, FL 33181			9 1 1
(City, State and Zip Co	ode)		JAN 19 AM IR: 14 REJARY OF STATE NEXT SEEL FLORIDE
oren@enlivened.co			
E-mail Address: (to be used for future annu	ial report notifications)		₩
For further information concerning this	s matter, please call:		
Oren Shai	at (<u>917</u>	525-3434	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Numbe	
Enclosed is a check for the following a dollars and drawn on a bank located in	•	rocessed by this office mu	ust be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	ees \$\Bigsiz\$ \$180.00 Filing by and Certified Copy		S,
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]	Street Address: New Filing Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S 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.

	(Enter Name of Other Business Entity)
2 The "Other Ru	siness Entity" is a
	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, fo	ormed or incorporated under the laws of
6/25/2020 on	(
	tion, formation or incorporation)
3. The name of th	ne Florida Limited Liability Company as set forth in the attached Articles of Organization:
Enlivened Collective	e LLC
	(Enter Name of Florida Limited Liability Company)
	on the date of filing, enter the effective date:
the date this docu Note: If the date inse	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the date this docu Note: If the date inse document's effective	ument is filed by the Florida Department of State.) erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

•					
Signed this 11	day of January	20_22			
Signature of Author	rized Representative of Limi	ted Liability Company:			
	(quol	a.			
Signature of Authoria	zed Representative:	Title: CEO			
Frinted Name: Olen She	, in the state of	Title. oco	_		
Signature(s) on beha	olf of Other Business Entity:	See below for required signature(s)			
Signature:	lex				
Printed Name: Oren Sha	ai	Title: CEO	_		
6:					
Signature:		Title:	_		
rinica ranic.			_		
Signature:		Title:			
Printed Name:		Title:	_		
Signature:					
Printed Name:		Title:	_		
Signature:		Title:	_		
ranted Name.			_		
Signature:			_		
Printed Name:		_ Title:	_		
If Florida Corporation	on:				
Signature of Chairman	n, Vice Chairman, Director, or				
If Directors or Officer	rs have not been selected, an Inc	corporator must sign.			
If Florida Coneral P	artnership or Limited Liabili	ty Partnorchin		2022	
Signature of one Gene		ty ratther snip.		JA	-71
			N. P.	Z	
If Florida Limited Pa Signatures of ALL Go	artnership or Limited Liabilit	y Limited Partnership:	370	9	. . (35)
Signatures of ALL Of	ineral ratificts.		- S	E	
All others:			OF STATE	THE SEE TH	O
Signature of an author	rized person.		Äω	Ŧ	
Fees:					
Articles of Co	onversion:	\$25.00			
	da Articles of Organization:	\$125.00			
Certified Cop	y:	\$30.00 (Optional)			
Certificate of	Status:	\$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Enlivened Collecti		bility Company, "L.L.C.," or "L.LC.")		
,				
ARTICLE II - A			al I inhilita Chara	:
i ne mainng addr	ess and street address of the	e principal office of the Limite	за главинту Сотра	any is:
Principal Office	Address:	Mailing Address:		
1317 Edgewater D)r #3143	12459 Keystone Rd		
Orlando, FL 32804		North Miami, FL 33181		
		red Office, & Registered Age		
	Company cannot serve as its own R in active Florida registration.)	egistered Agent. You must designate an	individual or another	
ousiness entity with a	ii active riotida registration.)		. 2	
The name and the	e Florida street address of th	ne registered agent are:	- F. 8	
			2022 JAN 19 PECRETARY	Ti
	Oren Shai		5점 🏯	_
	Na	ame		
	1217 Edgowator Dr #2142		4등 🏖	
1317 Edgewater Dr #3		P.O. Box NOT acceptable)	LJAN 19 AM JE: 14 CRETARY OF STATE AHLESSELVELORD	\cup
	·		37 ∓	
	Orlando ————————————————————————————————————	FL_ ³²⁸⁰⁴	·	
	City	Zip		
	amed as registered agent an	d to accept service of process f	for the above stated	d limite
Having been n		Jim dain a said Contain I bear the con-	cent the appointm	ent as
liability com	npany at the place designate	-		
liahility com registered agen	nt and agree to act in this cap	pacity. I further agree to comp	ly with the provision	ons of
liability com registered agen statutes relati	nt and agree to act in this caping to the proper and comple	pacity. I further agree to comp the performance of my duties, as	ly with the provision nd I am familiar w	ons of vith and
liability com registered agen statutes relati	nt and agree to act in this caping to the proper and comple	pacity. I further agree to comp	ly with the provision nd I am familiar w	ons of vith and
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liability com registered agen statutes relati	nt and agree to act in this caping to the proper and comple obligations of my position as	pacity. I further agree to comp the performance of my duties, as	ly with the provision nd I am familiar w	ons of ith an

(CONTINUED)

ΑD	TI	CI	F	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	
<u>AMBR</u>	Oren Shai
	1317 Edgewater Dr #3143
	Orlando FL 32804
	
	
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	19 3884
(Use attachment if necessary)	For 🎤
	AH F
LE V: Other provisions, if any.	
Ele V. Other provisions, if any.	5 -
	
REQUIRED SIGNATURE:	
(grang la.	
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 tha
any false information submitted in a docu	ment to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	
Oren Shai	
Ту	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)