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(Re	questor's Name)	
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(Cil	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
,		
/Da	cument Number)	
(LC	coment number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only

#### **COVER LETTER**

Division of Corporations	•
SUBJECT: ONE ELEVEN ELEVEN LLC	
(Name of Resulting Florida Lin	nited Company)
The enclosed Articles of Conversion, Articles of Organiza Business Entity" into a "Florida Limited Liability Compar	
Please return all correspondence concerning this matter to	:
JESSICA WIRSING (Contact Person)	_
ONE ELEVEN ELEVEN LLC (Firm/Company)	_
GOIS 46TH CN. (Address)	<u></u>
VERO BEACH, FL. 32967 (City, State and Zip Code)	_
L-mail Address: (to be used for future annual report notifications)	· <del></del>
For further information concerning this matter, please call	:
TESSICA WIRSING at (818 (Name of Contact Person) (Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion and Certificate of \$125 for Articles of Organization)	•
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

# 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:  ONE ELEUFN ELEUEN LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CIMITED CIABILITY COMPANY  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws ofOALI FOR NIA (Enter state, or if a non-U.S. entity, the name of the country)
on \(\lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ONE ELEVEN ELEVEN LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/2022.  (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 28 day of 12	20_21
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: Printed Name:	Title: MANAGER
Signature(s) on behalf of Other Business Ent	tity: [See below for required signature(s)]
Signatura	
Signature: JESSICA WIRSING	Title: MANAGER
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Name	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director of Directors or Officers have not been selected,	
If Florida General Partnership or Limited L Signature of one General Partner.	iability Partnership:
If Florida Limited Partnership or Limited L Signatures of <u>ALL</u> General Partners.	iability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::	
ONE ELEVEN ELEVEN LLC (Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:	
GOIS 46TH LN. VERO BEACH, FL 32967	COIS 4CTH LN. VERO BEACH, FL 32967	<del>.</del> 
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or	SECRETARY OF SECRE
The name and the Florida street address of the	registered agent are:	- 프로 이유트 유민이
JESSICA WIRSING		9: 2
Nam	(C	<b>⑤</b> ₹
6015 46TH LN.		
Florida street address (P.C		
VERO BEACH	FL 32967	
City	Zip	
Having been named as registered agent and to liability company at the place designated in	to accept service of process for the above n this certificate, I hereby accept the ap	ve stated limite pointment as

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)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	or a landar de la de
MON	JESSICA WIRSING
	6015 46TH (N.
	VERO BEACH, FL 32967
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
•	
CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
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 the ament to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the the degree felorises the degree felorises and the degree felorises at the degree felorises.
REQUIRED SIGNATURE:  Signature of a member or This document is executed in a coordance any false information submitted in a document as provided for in s.817.155, F.S.  JESSICA WIRSIN	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the the degree felorises the degree felorises and the degree felorises at the degree felorises.



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: ONE ELEVEN ELEVEN LLC

202102110440

File Number: Registration Date:

01/15/2021

**Entity Type:** 

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of November 6, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

•



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 7, 2021.

SHIRLEY N. WEBER, Ph.D.

Secretary of State

Certificate Verification Number: RXBGW5Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary State Certification Venification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.