## 122000017950

(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 Filing Officer:

Office Use Only

V122 mo 19634

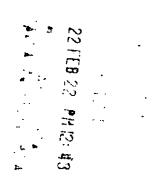
T. SCOTT

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February 17, 2022

JAYDEN SOTO 3305 SHOMA DR ROYAL PALM BEACH, FL 33414

SUBJECT: TRIBE OF THE ARTS Ref. Number: W22000019634

We have received your document for TRIBE OF THE ARTS and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Hawaii LLC can only convert to Florida.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 322A00003960

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

## COYER LETTER

Tice New Filing Section Division of Corporations	
SUBJECT: Tribe of the Hots, LC (Name of Resulting Florida Limited Company)	-
The enclosed Articles of Conversion, Articles of Organization, and fees a Business Entity" into a "Florida Limited Liability Company" in accordance	
Please return all correspondence concerning this matter to:	
Jaydien Soto (Contact Person)	
Trive of the Avts, LLC (Firm/Company)	
3305 Shoma Dive (Address)	
<u>Rayal Palm Beach</u> , FC 33414 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Taudien Soto at (347) 320- (Name of Contact Person) (Area Code) (Daytime Tele	98917- phone Number)
Enclosed is a check for the following amount: (All checks processed by the dollars and drawn on a bank located in the United States)	nis office must be payable in US
	00 Filing Fees, d Copy, and ate of Status
Mailing Address: Street A. ids a New Filing Section New Filing Section	
Division of Corporations Division of C	
P.O. Box 6327 The Centre of	Tallahassee
Tallahassee, FL 32314 2415 N. Mon Tallahassee, I	roe Street, Suite 810 (1)

## Agitalisa of Opgrensian For "Otto en <u>Bosin</u> sos Emt<u>iny"</u> Into Florida Limited Liability Cosco any

The Articles of Conversion and addactived Applies of Consultables are submitted to convert the following "Other Bushness Employ" into a Florida Elimited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Eusiness Entity" immediately prior to the filing of the Articles of the Pots, UC	of Conversion is:
(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 la	w or business trust, etc.)
First organized, formed or incorporated under the laws of HAWAII (Enter state, or if a non-U.S. entity, the name	ne of the country)
on Maych 3, 2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A while	a of Organization
Tribe of the AMS, LLC	
(Enter Name of Florida Limited Liability Company)	•
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cammot be prior to date on the estipt or filed date must more than 30 of the date this document is this 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 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.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	rights the conount to

Signed this 18 day of February	202 <u></u>
Signations of Applingpized Representative of Lind	ited Liability Commonly:
$\mathcal{Y}_{\bullet}$	
Signature of Authorized Representative:	Mic Inty
Printed Name: Jaydien Soto	_ little
Shemaname(s) om belbajn on Orlien Farsinness Ezinvi.	See Dellow for pequired signature(s)
Signature: 1@P/ ()/()	
Printed Name:	Title:
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Signature.  Printed Name:	Title:
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Printed Name:	Title:
Signature:	·
Printed Name:	Title:
Signature	· <u> </u>
Printed Name:	Title:
NA Tradica Campanantan	
Ill Florida Comporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
Ili Brovida Geneval Pantnerobip or Limited Liabili	ty Farta erdite
Signature of one General Partner.	~
If IT original Chamitted Flantmenships on Lithanted Literally Signatures of ALLO General Partners.	ញ <u>់/ ស</u> ្រៀបបញ្ជែកថា ដើម្បាញ់ប្រកកទាំងវ៉ាន់»
	`
All others	
Signature of an authorized person.	,
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy.	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Obtional)

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## ARTICULED OF ORGANIZACION FOR FUORIDA LIMITED LIABILITY O IMPANY

	imited Liability Compan	•
<u>lribe</u>	A We AVTS, LI	Liability Company, "L. L.C.," or "LLC.")
ARTICLE II - Ad	dress:	ne principal office of the Limited Liability Company is:
Principal Office A	.ddiress:	Meddag Addeess
3305 Shown Payal Pal FL 3341	a Drive m Beach	3305 Showa Drive Payal Ralm Reach FL 33414
(The Limited Liability Co	ಕಪ್ರತಿಗಳಲ್ಲಿ A ಪ್ರಕರಣ್ಯ ಡಿ ಕಪ್ರತಿಗೆ ompany cannot serve as its own F active Florida registration )	eined பிரிக்கு ஃ கேதின்ளவி A துளரில் பிதாவிராக Registered Agent, You must designate an individual or another
The name and the I	Florida street address of t	the registered agent are:
	Jaydien i	Soto Iame
	3305 Shower Florida street address (	P.C. Box NOT acceptable)
	Rayal Dalm 1 City	Beach FL 33414 Zip
liability compo registered agent o statutes relating	any at the place designate and agree to act in this ca y to the proper and compl	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of al lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CSHTINUES)

22 FEB 22 PH IZ: #3

Trill	2>	Mamme amid Aldidress:
	#ER" = Authorized Member	1 : Sama Sasala, Makada , Saga
n[•4]	GR" = Manager	
	Mar	- Jaydien Soto
		2305 Stoma Drive Layal Palm Beach, FL 23414
		ray m_ rat m_ recon 1 1 2 30 117
	***************************************	
(Us	e attachment if necessary)	
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·	e attachment if necessary)  Vi Other provisions, if any.	
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	♥ Other provisions, if any.	
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	V Other provisions, if any.  GUESED SEGNATURE:	
RE	V Other provisions, if any.  OURSED STGNATURE:  Stgmatture of a member on a	am a milliocinime di megamese ndanime nod si morene li su with section 605 0203 (1) (b). Florida Statutes II am aware that
PICIUS RE	Outs and outs of a member of a decordance of false information submitted in a document is executed in a document of the false information submitted in a document of the false informatio	with section 605 0203 (1) (b), Florida Statutes. I am aware that
PICIUS RIS	OUDSIED SIGNATURE:  SECTIONARY  SECTIONARY  SECTIONARY  SECTIONARY  STATE OF A TREE OF A decument is executed in accordance in provided for in \$ 817 155, F.S.	with section 605 0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
PICIUS RIS	OUDSIED SIGNATURE:  SECTIONARY  SECTIONARY  SECTIONARY  SECTIONARY  STATE OF A TREE OF A decument is executed in accordance in provided for in \$ 817 155, F.S.	with section 605 0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
PICIUS RIS	OUDSIED SIGNATURE:  SECTIONARY  SECTIONARY  SECTIONARY  SECTIONARY  STATE OF A TREE OF A decument is executed in accordance in provided for in \$ 817 155, F.S.	with section 605 0203 (1) (b), Florida Statutes. I am aware that

ARTICLE IV