# 122000 83019

•	(Requestor's Name)			
(Address)				
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(Address)				
•	(City/State/Zip/Phone #)			
Ì	PICK-UP WAIT MAIL			
•				
	(Business Entity Name)			
	(Document Number)			
,	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			

Office Use Only

T. SCOTT, FEB 2 8 2022.



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Bliss Champions, LLC		
(Name of Res	ulting Florida Lim	nited Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Lie	•	ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	<b>:</b>
Casie Rivas		
(Contact Person)		
Rivas Law, PLLC	<u> </u>	
(Firm/Company)		
1800 Teague Drive, Suite 115		
(Address)		
Sherman, Texas 75090		
(City, State and Zip Code)		
crivas@rivas.law		
E-mail Address: (to be used for future annual re-	port notifications)	<del></del>
For further information concerning this mat	iter, please call:	<b>l</b> :
Casie Rivas	_at (	7710926
(Name of Contact Person)		de) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		s processed 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 Filing and Certified Co	
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 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:
Bliss Champions, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [Imited liability company [Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
06/12/2018 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Bliss Champions, 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

Signed this 31st	day of January	20 <u>22</u> .
Signature of Aut	horized Representative of Lim	ited Liability Company:
Signature of Author	orized Representative:	
Printed Name:		Title:
		[See below for required signature(s)]
Signature: Law	oll-	
Printed Name: Cas	ie Rivas, Esq.	Title: Attorney
Signature:		
Printed Name:		Title:
Signature:		Title:
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
Printed Name:		Title:
If Florida Corpor	ration:	
_	man, Vice Chairman, Director, or icers have not been selected, an Ir	
If Florida Genera Signature of one G	<u>ll Partnership or Limited Liabil</u> cneral Partner.	<u>ity Partnership:</u>
If Florida Limited Signatures of ALL	d Partnership or Limited Liabil General Partners.	ity Limited Partnership:
All others: Signature of an aut	thorized person.	
Fees:		
Articles of	Conversion:	\$25.00
Fees for Fl Certified C	lorida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certificate	- ·	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	nar			
The name of the Li		y Company is:		
	•			
Bliss Champions, LL	r			
		ls "Limited Liability	Company, "L.L.C.," or "LLC."	<u>'</u>
	_			
ARTICLE II - Ad		ldrace of the pri	ncinal office of the Lim	ited Liability Company is:
The maining address	s and succe ad	idless of the pri	ncipal office of the Lim	nted Liability Company is.
Principal Office A	ddress:		Mailing Address:	
625 Lovejoy Road N	w		981 Highway 98 East	
Fort Walton Beach,	Florida 32548		Suite 3-157	
			Destin, Florida 32541	
The name and the l	Florida street a		gistered agent are:	
		Name		•
	2730 Scenic H	lighway 98		
			Box NOT acceptable)	-
	Destin		FL <sup>32541</sup>	
		City	Zip	-
liability comp registered agent statutes relating	any at the plac and agree to ac to the proper ligations of my	e designated in ct in this capaci and complete p position as reg	this certificate, I hereby ty. I further agree to col erfymance of my duties	is for the above stated limited accept the appointment as imply with the provisions of all and I am familiar with and d for in Chapter 605, F.S
		CONTINI	TETS)	53

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Eric Lochtefeld
	2730 Scenic Highway 98
	Destin, Florida 32541
AMBR	Bliss Investments II, LLC
<del></del>	625 Lovejoy Road NW
	Fort Walton Beach, Florida 32548
AMBR	Patrick Combs
	6721 Corintia Street
	Carlsbad, California 92009
<del></del>	
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

Casolli

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Casie Rivas

Typed 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)