# 122/00/159031

(Reques	tor's Name)
(Addres	s)
(Addres	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
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03/29/22--01039--003 \*\*189.00

S. CHATHAM APR 15 2022

### **COVER LETTER**

<b>TO:</b> New Fi Division	_	ection orporations			
		SSEL ARCHITECTURE	AND DESIGN, LL	.C	
SUBJECT:			ulting Florida Limi		npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return al	ll corre	espondence concernin	g this matter to:		
Anthony Morales	s				
		(Contact Person)		_	
MyUSACorporat	tion.co	n			
		(Firm/Company)		-	
1 Radisson Plaz	a, Suit	e 800			
	-	(Address)		-	
New Rochelle, N	NY 108	01			
	((	City, State and Zip Code)	·	_	
info@myusacorp	poratio	n.com			
E-mail Addres	ss: (to b	e used for future annual re	port notifications)	-	
For further info	ormatic	on concerning this ma	tter, please call:		
Anthony Morales	s		_at ( <u>877</u>	330-2	
(Name o	f Conta	ct Person)	(Area Code	) (Day	rtime Telephone Number)
		or the following amou a bank located in the	,	rocess	sed by this office must be payable in US
☐ \$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	on	S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
P.O. Bo	ling Son of Cox 632	ection orporations		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VAN TASSEL ARCHITECTURE AND DESIGN, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Oregon
(Enter state, or if a non-U.S. entity, the name of the country)
07/02/2019 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:
VAN TASSEL ARCHITECTURE AND DESIGN, 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.)
<u>Note:</u> 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 se. 605 1006 and 605 1061 605 1072. F.S.

Signed this _	<u> 17th</u> day of	March	_ 20 <u>22</u>
Signature of	f Authorized Repres	entative of Limi	ted Liability Company:
			12 11 T
Signature of	Authorized Represen	tative:	The state of the s
Printed Name	: Monte Van Tassel		Title: Member
Signature(s)	on behalf of Other B	Susiness Entity: [	See below for required signature(s)
Signature:	Mahl	1	
			_ Title: _Member
Signature: _			
Printed Name	D:		_ Title:
Signature:			
Printed Namo	):		Title:
•			
Signature: _			
Printed Name			Title:
Signature:			
Printed Name	2:		Title:
C:			
Signature:	<u> </u>		Tiston
rrinted Name			_ Title:
If Florida Co	orporation:		
Signature of	Chairman, Vice Chair	man, Director, or	Officer.
If Directors o	r Officers have not be	en selected, an Ind	corporator must sign.
lf Florida C	eneral Partnership o	r I imitad I iahili	D. Doutnoughins
	one General Partner.	Limited Liabin	y rarthership:
C			
			y Limited Partnership:
Signatures of	ALL General Partner	S.	
All others:			
	an authorized person.		
Fees:			
	les of Conversion:		\$25.00
	for Florida Articles o	f Organization:	\$125.00
	fied Copy:		\$30.00 (Optional)
Certi	ficate of Status:		\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company i	s:		
<del></del>	AN TASSEL ARCHITECT			"
(Must c	ontain the words "Limited Liab	ility Company,	"L.L.C., or "LLC.	)
ARTICLE II - Addr The mailing address a		principal of	fice of the Lin	nited Liability Company is:
Principal Office Add	ress:	Mailing	g Address:	
205 Blue Stream Way A	Apt 9102	205 Blu	e Stream Way A	Apt 9102
Inlet Beach, FL 32461			ach, FL 32461	
(The Limited Liability Comp business entity with an activ	rida street address of the Monte Van Nar	e registered  Tassel	You must designate	
<del></del> ,	205 Blue Stream			_
r	lorida street address (P.	.О. вох <u><b>NO</b></u>	<u>I</u> acceptable)	
_	Inlet Beach	FL	32461	_
	City		Zip	
liability company registered agent and statutes relating to	at the place designated agree to act in this cape the proper and complet	in this certi, acity. I furth e performan	ficate, I hereby her agree to co ce of my duties	ss for the above stated limited accept the appointment as amply with the provisions of all and familiar with and add for in Chapter 605, F.S
-			COMBED	
	Registered Agent's Si	gnature (RE	OUIKED)	

(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					
AMBR	Monte Van Tassel				
	205 Blue Stream Way Apt 9102				
	Inlet Beach, FL 32461				
AMBR	Cian Van Tassel				
	205 Blue Stream Way Apt 9102				
	Inlet Beach, FL 32461				
	<del></del>				
	·····				
(Use attachment if necessary)					
LE V: Other provisions, if any.					
DECLUBED SIGNATURE.					
REQUIRED SIGNATURE:					

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 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.

MONTE VAN TASSEL

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)