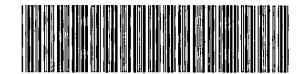
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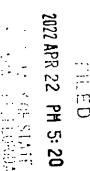
 	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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W2Z00004Z508



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2022

AHPALY CORADIN, ESQ. 1395 BRICKELL AVE STE 800 MIAMI, FL 33131 US

SUBJECT: ART SMART WORKSHOPS, LLC

Ref. Number: W22000042508

2022 APR 22 PM 5: 20

We have received your document for ART SMART WORKSHOPS, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Coates Brianna Regulatory Specialists II

Letter Number: 922A00007657

www.sunbiz.org

TN :1 00014

COVER LETTER

Division of Corporations		
SUBJECT: Art Smart Workshops, L	rc	
	me of Resulting Florida Limited Comp	puny)
The enclosed Articles of Conversion Business Entity" into a "Florida Li		f fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence co	oncerning this matter to:	
Ahpaly Coradin, Esq.		
(Contact Pers	on)	2
FisherBroyles, LLP		022 :
(Firm Compa	ny)	AP TO
1395 Brickell Ave, Suite 800		FILED 2022 APR 22 PM S
(Address)		
Miami, FL 33131		<u> </u>
(City, State and Zi	p Code)	1 5: 20
ahpaly.coradin@fisherbroyles.com		** · ·
E-mail Address: (to be used for future	annual report notifications)	
For further information concerning	this matter, please call:	
Ahpaly Coradin, Esq.	at (305) 200-88	316
(Name of Contact Person)	//	ime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located		ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S150.00 Filing Fees and Certificate Status		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Fi Divisio The Ce 2415 N	Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, 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.

Art Smart Workshops, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a fimited liability company
(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)
06/19/2020 OR
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Art Smart Workshops, 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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of January	20		
Signature of Authorized Representative of Lin	nited Liability Company:		
Signature of Authorized Representative, (-2 Printed Name; Catherine L. Testa	the-XTex		
Signature(s) on behalf of Other Business Lutity:	(See below for required signature) at		
Signature: CACHEALNE LIESTA	Title		
Signature:			
Printed Name.	Title:	-	
Signature: Printed Name:	Tule:	-	
Signature:Printed Name:			
Signature: Printed Name:	Title:	. -	
Signature:Printed Name:	Title:	·	
If Florida Cornoration: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
II Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners	ty Limited Partnership:		
<u>All others:</u> Signature of an authorized person			2022 APR 22
<u>hees:</u>		٠.	R 22
Articles of Conversion: Fees for Florida Articles of Organization, Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30,00 (Optional) \$5.00 (Optional)	P SIAE	PH 5: 20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	pany is:	
Art Smart Workshops, LLC		
(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited	I Liability Company is:
Principal Office Address:	Mailing Address:	
1891 Tropicaire Blvd	1891 Tropicaire Blvd	
North Port, FL 34286	North Port, FL 34286	
ARTICLE III - Registered Avent. Reg	vistered Office & Registered Age	nt's Signature
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an ir	ndividual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an ir	ndividual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an ir	ndividual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an in	ndividual or another 2022 APR 22
The name and the Florida street address Catherine L. Tesla 1891 Tropicaire Blvd	wn Registered Agent. You must designate an in	ndividual or another 2022 APR 22 PM
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Catherine L. Tesla 1891 Tropicaire Blvd	wn Registered Agent. You must designate an in of the registered agent arc: Name	ndividual or another 2022 APR 22

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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Catscapes Inc.
	1891 Tropicaire Blvd
	North Port, FL 34286
AMBR	Julie Schumer Art, LLC
	2372 Camino Hualapai, Unit E
	Santa Fe, NM 87505
	
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(Use attachment if necessary)	
•	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1—
Calus	
	100

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.

Catherine L. Tesla, Authorized Representative

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)