122000289180

(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

T. SCOTT JUN 2 8 2022



500389253485

80/13/22--8:832-8:101-8:101.10

CASILE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN 13 AM 10: 35

COVER LETTER

Division of C				
SUBJECT: MI-FL.1	J.C			
	(Name of Re.	sulting Florida Limit	ed Con	ipany)
		_		d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Conrad Willkomm				
	(Contact Person)			
Law Office of Conrad W	/illkomm, PA			
	(Firm/Company)		•	
3201 Tamiami Trail N. :	2nd Floor			
	(Address)			
Naples, FL 34103				
(City. State and Zip Code)		•	
conrad@swfloridalaw.co	om			
E-mail Address: (to b	oe used for future annual re	port notifications)	=	
For further informati	on concerning this ma	tter, please call:		
Zalman Cole, Esq.		_at ()	675
(Name of Cont	ict Person)	(Area Code)		time Telephone Number)
	for the following amou a bank located in the	•	rocess	sed 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 Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	ING A	ADDRESS:
New Filing Section		New Fi		
Division of Corporat	ions			orporations
Clifton Building 2661 Executive Cent	on Cirolo	P. O. B		
ZOOT EXECUTIVE CENT	CI CITCIC	ranana	SSCC. I	FL 32314

Tallahassee, FL 32301

LAW OFFICE OF

CONRAD WILLKOMM, P.A.

3201 TAMIANII TRAIL NORTH - 2ND FLOOR - NAPLES - FLORIDA - 34103

June 10, 2022

UPS GROUND

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: MI-FL, LLC

Our File No.: 22B.1020.ZC

To Whom It May Concern:

Enclosed, please find the following documents:

- Cover Letter;
- Check No. 1502 in the amount of \$185.00 representing payment for the Conversion Fee. Certified Copy, and Certificate of Status;
- Executed Articles of Conversion; and
- > Executed Articles of Incorporation.

Thank you and please let me know if you should have any questions in regard to this matter.

Respectfully.

LAW OFFICE OF CONRAD WILLKOMM, P.A.

Desiree' A. Boissiere

Paralegal

Enclosures

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: MI-FL, LLC
(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 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)
October 4, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MI-FL, 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\Dt\^\text{t^\chi_s} day of June	20_22
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: College Asie et et et	
Signature of Authorized Representative: College Assessed	(z. Jun 9, 2022-17 Ch E01)
Printed Name: Collecn A. Shefferly	Title: Manager
Signature(s) on behalf of Other Business Entity: Signature: Signatu	See below for required signature(s)
Signature, Collings A. Shaffarly	Tild Managar & Mambay
Printed Name: Colleen A. Shefferly	TIME: Manager & Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	<u> </u>
ingilature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL, General Partners.	CV Immed Partiersings
Signatures of MED Conterm 1 arthers.	
All others:	
Signature of an authorized person.	
Fees:	
Autislan of Consumations	\$25 AB
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MI-FL, LLC	
(Must contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is
	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
The mailing address and street address	

The name and the Florida street address of the registered agent are:

Law Office of Conra	d Willkomm, PA
	Name
3201 Tamiami Trail	N. 2nd Floor
Florida street ad	dress (P.O. Box <u>NOT</u> acceptabl
Napies.	FL 34103
Ci	ty Zip

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)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Colleen A. Shefferly
	48492 Harbor Drive
	Chesterfield Township, MI 48047
	- <u>-</u>
	···
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
a manger managed company. Any manager m	ray take action on behalf of the company without consent o

REQUIRED SIGNATURE:

College a shelterly (Jun 9, 2022 11:21 EDT)

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.

Colleen A. Shefferly

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) S 5.00 Certificate of Status (Optional)