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OIVISION OF CORPORATIONS
TALL/HASSEE, FLORIDA

2022 JUN 22 AM 10: 2.

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Fitzworx, LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Dennis Fitzgerald
Dennis Fitzgerald  (Contact Person)  Fitzworx, LLC
(Firm/Company) 1240 Seminola Blud
Casselberry, FL 32707
(City, State and Zip Code) Fitzworx LLCOgmail. (Om
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:
Dennis Fitzgerald at (407) 421-3899  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & Status  Status  ☐ \$180.00 Filing Fees and Certified Copy Status  ☐ \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

#### 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:

(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 b	usiness trust, etc
First organized, formed or incorporated under the laws of Arizona (Enter state, or if a non-U.S. entity, the name of t	he country)
on $01/28/2021$	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C Fitzwoyx, LLC	)rganization:
(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 calend 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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	707

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Fitzworx, L	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1240 Seminoly Blvd Casselberry, FL 32707	1240 Seminola Blvd (asselberry, FL 32707
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent, You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Dennis Fit	zgerald_
1240 Scminola Bl Florida street address (P.O	<del></del>
Casselberry	FL 32707 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S.,
	2022
Registered-Agent's Sign	N 22 N 22 AHASS
(CONTIN	UED)  ERPORAGE EL FLO

Signed this 20 day of June	20 22 .
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:  Printed Name: Dennis Fizgerald	1997)
Printed Name: Denois Fitzalrald	Title:
· ·	
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Printed Name: DCAN'S Fitzgerald	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Tida
rimicu (vanic.	1100
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:	Title:
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	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
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 (Optional)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	<del>-</del>
n 1100	
AMBR	Dennis Fitzgerald
	(asselberry FL 32707)
	Casselberry, FL 32707
(Use attachment if necessary)	
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CLE V: Other provisions, if any.	
DECHIDED CLCN ATURE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lam aware tha
Signature of a member or This document is executed in accordance any false information submitted in a document in	with section 605,0203 (1) (b), Florida Statutes. I am aware tha
Signature of a member or This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes. I am aware tha
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817,155, F.S.  Dennis Fitza	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware tha ment to the Department of State constitutes a third degree felor ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)