L22000325935

(1	Requestor's Name)
(,	Address)
(.	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Received 07/06/22
	07/06/22

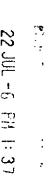
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

2022 JUL -6 AM 10: 2

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June 16, 2022

MEILANI BENNETT 301 W. PLATT ST. STE 250 TAMPA, FL 33606 US

SUBJECT: JAX & MOONIE LLC Ref. Number: W22000081784

We have received your document for and your check(s) totaling \$150.00. 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.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 122A00013470

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JAX & MOONIE LLC (Name of Resulting Florida Limited Company)	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert a Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	n "Other
Please return all correspondence concerning this matter to:	
MEILANI BENNETT	
(Contact Person)	
MEILANI BENNETT (Contact Person) JAX & MOONIE LLC (Firm/Company)	
301 W. PLATT ST. STE 250 (Address)	
TAMPA, FL 33606 (City, State and Zip Code)	
MEILANI® JAXANDMOONIE. COM E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
MEILANI BENNETT at (619) 750 - 8498 (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 dollars and drawn on a bank located in the United States)	e in US
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status Status	22
Mailing Address: New Filing Section Street Address: New Filing Section	22 JUL -
Division of Corporations Division of Corporations	9

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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:
JAX & MOONIE 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 ofCAUFORNIA
(Enter state, or if a non-U.S, entity, the name of the country)
III PRIARREM EARD 02/07/2020
(date of organization, formation or incorporation)
(gate of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
and a second
JAX & MOONIE LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: JUNE 12, 2022.
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
locument'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 16 day of MAY	20 22.
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: CEO / FOUUDER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: MEILANI BENNETT	Title: CEO/FOUNDER
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or (If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
JAX & MOONIE L	LC
TAX オ MOONIE L (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 W. PLATT ST. STE 250 TAMPA, FL 33606	301 W. PLATT ST. STE 250 TAMPA, FL 33606
ARTICLE III - Registered Agent, Registered (The Umited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
MEILANI BEN	JNETT
Name	
301 W. PLATT ST Florida street address (P.O.	
TAMPA	FL 33606 Zip
TAMPA City	FL 33606 Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
\mathcal{M}	
Registered Agent's Signa	
	JED)
(CONTINU	JED)

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

THE MANAGER THE M	Title:	Name and Address:
Use attachment if necessary) EV: Other provisions, if any. 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 awar any false information submitted in a document to the Department of State constitutes a third degree t as provided for in s.817.155, F.S. MEILANT BENNETT Typed or printed name of signee Filing Fees	"AMBR" = Authorized Member "MCP" = Manager	
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