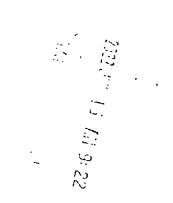
# 

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





07/15/22--01020--019 \*\*150.30



#### COVER LETTER

Division of Corporations			
SUBJECT: ARC ENDEAVORS LLC			
(Name of Re	sulting Florida Limite	d Company)	
The enclosed Articles of Conversion, Artic Business Entity* into a "Florida Limited L			
Please return all correspondence concernin	g this matter to:		
Ashly Mae Guernaccini			
(Contact Person)			
AT CAUSE LAW OFFICE, PLLC			
(Firm/Company)			
131 N Garden Ave			
(Address)			
Clearwater, FL 33755			
(City, State and Zip Code)			
ashly@atcauselaw.com			
E-mail Address: (to be used for future annual re	port notifications)		
For further information concerning this ma	tter, please call:		
Ashly Mae Guernaccini	_at ()	477-2255	
(Name of Contact Person)	(Area Code)	477-2255 (Daytime Telephone	Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		ocessed by this of	fice must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing I and Certified Copy		y, and
Mailing Address:		treet Address:	
New Filing Section Division of Corporations		New Filing Section Division of Corpor	
Division of Corporations	1	vivigion of Corbor	ations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810- ...:

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

## 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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general par	
	irthership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter state, or if a no	on-U.S. entity, the name of the country)
11/03/2017 on .	
On	
3. The name of the Florida Limited Liability Company as set forth in the	attached Articles of Organization:
ARC ENDEAVORS LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> -
(The effective date: Cannot be prior to date of receipt or filed date no 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 requ	or more than 90 calendar days after
(The effective date: Cannot be prior to date of receipt or filed date not 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 requidocument's effective date on the Department of State's records.	or more than 90 calendar days after tirements, this date will not be listed as the
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 not 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 requidocument's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applications.  6. The "Converted or Other Business Entity" has agreed to pay any members which such members are entitled under ss. 605,1006 and 605,1061-605.1	or more than 90 calendar days after direments, this date will not be listed as the cable statutes.
(The effective date: Cannot be prior to date of receipt or filed date not 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 requidecument's effective date on the Department of State's records.  The plan of conversion has been approved in accordance with all appliance. The "Converted or Other Business Entity" has agreed to pay any members.	or more than 90 calendar days after direments, this date will not be listed as the cable statutes.
(The effective date: Cannot be prior to date of receipt or filed date not 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 requirement's effective date on the Department of State's records.  The plan of conversion has been approved in accordance with all appliance. The "Converted or Other Business Entity" has agreed to pay any members.	or more than 90 calendar days after direments, this date will not be listed as the cable statutes.
(The effective date: Cannot be prior to date of receipt or filed date not 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 requidocument's effective date on the Department of State's records.  The plan of conversion has been approved in accordance with all appliance. The "Converted or Other Business Entity" has agreed to pay any members.	or more than 90 calendar days after direments, this date will not be listed as the cable statutes.

Signed this <u>OQ</u> day of <u>JWY</u>	20_72	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Alisha McLaws	Title: Authorized Member	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name Alisha McLaws	Title: Authorized Member	
Signature: Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature: Printed Name:		
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	
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.		
Fees:		<del></del> -
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

	LC	
(Must	contain the words "Limited Li-	ability Company, "L.4C.," or "L.LC.")
ARTICLE II - Add The mailing address		e principal office of the Limited Liability Company is:
Principal Office Ad	dress:	Mailing Address:
1176 Jackson Rd.		2350 E. Arbor Lane
0)		Unit 171061
Clearwater, FL 33755		Ont 17 1001
ARTICLE III - Reg The Limited Liability Com business entity with an acti	gistered Agent, Registe	Holladay, UT 84117  Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an acti The name and the Flo	gistered Agent, Registe pany cannot serve as its own R ive Florida registration.)	Holladay, UT 84117  ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Reg (The Limited Liability Com- business entity with an acti The name and the Flo	gistered Agent, Registed pany cannot serve as its own R ive Florida registration.)  orida street address of the CAUSE LAW OFFICE,	Holladay, UT 84117  ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Reg The Limited Liability Com- business entity with an acti The name and the Flo	gistered Agent, Registed pany cannot serve as its own R ive Florida registration.)  orida street address of the CAUSE LAW OFFICE,	Holladay, UT 84117  ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:  PLLC
ARTICLE III - Reg (The Limited Liability Com- business entity with an acti The name and the Flo A	gistered Agent, Register upany cannot serve as its own R ive Florida registration.) orida street address of t AT CAUSE LAW OFFICE, N 31 N Garden Ave	Holladay, UT 84117  ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:  PLLC
ARTICLE HI - Reg (The Limited Liability Com- business entity with an acti The name and the Flo A	gistered Agent, Register upany cannot serve as its own R ive Florida registration.) orida street address of t AT CAUSE LAW OFFICE, N 31 N Garden Ave	Holladay, UT 84117  ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:  PLLC  anne
ARTICLE HI - Reg (The Limited Liability Com- business entity with an acti The name and the Flo A	gistered Agent, Register pany cannot serve as its own R ive Florida registration.)  orida street address of the CAUSE LAW OFFICE, No. 31 N Garden Ave Florida street address (leading to the control of t	Holladay, UT 84117  ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:  PLLC ame

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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	
AMBR	Alisha Mclaws
	2350 E. Arbor Lane, Unit 171061
	Holladay, UT 84117
<del></del>	
	<del></del>
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)  .E. V: Other provisions, if any.	
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.E. V: Other provisions, if any.	
.E. V: Other provisions, if any.	
.E. V: Other provisions, if any.  REQUIRED SIGNATURE:	
.E. V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
Signature of a member or	e with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance any false information submitted in a document	e with section 605,0203 (1) (b). Florida Statutes, I am aware
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. Alisha McLaws	e with section 605,0203 (1) (b). Florida Statutes, I am aware