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| (Requestor's Name) |
|---|
| (Address) |
| (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: |
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| |
| Office Use Only |



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TALLAHASSEE, FLORID,

2022 JUL 29 AM 10: 21

COVER LETTER

| TO: New Filing Section Division of Corporat | ions | |
|---|--|--|
| SUBJECT: | Name of Resulting Florida Lim | L Company) |
| | (ivaline of Resulting Florida Ellif | ned Company) |
| | | ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S. |
| Please return all corresponde | ence concerning this matter to: | |
| Dur See | act Person) (Company) | |
| 9318 N. TO | Mddress) X4 St. | _ |
| Durseeding | te and Zip Code) Or future annual report notifications) | _ |
| For further information conc | cerning this matter, please call: | |
| (Name of Contact Person | at (Area Code | Daytime Telephone Number) |
| | ollowing amount: (All checks located in the United States) | processed by this office must be payable in US |
| - | 5.00 Filing Fees S180.00 Filing and Certified Co | |
| Mailing Address: New Filing Section Division of Corporate P.O. Box 6327 | ions | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 |
| First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) |
| on 5 1 22 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 1-22. (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 mount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 9318 N. Tampa St. Tampa, FI 33612 | 9318 N. TAMPASI TAMPA, FI 33612 |
| ARTICLE III - Registered Agent, Registered (The Limited 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- | egistered agent are: |
| Encida Lop Nambe | ez Tage T |
| 9318 Morth To Florida street address (P.O. | |
| Tampa City | |
| liability company at the place designated in registered agent and agree to act in this capaci 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 ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. |
| Registered Agent's Sign | ature (REQUIRED) |
| (CONTINU | UED) |

| Signed this 26 day of July | _ 20 <u>_ , 2 </u> | | | |
|---|--|--------------|-----------|-------------|
| Signature of Authorized Representative of Limi | ted Liability Company: | | | |
| Signature of Authorized Representative: Printed Name: 11 11065 A. (Ope 7) | Tille: General Partine | - | | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] | | | |
| Signature: Printed Name: 151-be A. Lope 7 | Title: President | - | | |
| Signature: Free Ca | Title: Vice President | <u>.</u> | | |
| Signature: Printed Name: | Title: | - - | | |
| Signature: Printed Name: | Title: | - | | |
| Signature:Printed Name: | Title: | <u>.</u> | | |
| Signature:Printed Name: | Title: | <u>.</u> | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | | 4 | 2 | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | ALLAH | 022 JUL | -1 |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: | SSEE. | 29 AH | |
| All others: Signature of an authorized person. | | FLORIDA | AH 10: 27 | `~ ~ |
| Fees: | | 7. | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | | |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | 1318 N. Taupa St. 10100 Fl 33612 |
| AMBR | Enrida Lopez 9318 N TOUDG St. TOUPG FI 336012 |
| | |
| | TALL TO SEE |
| | 85. |
| (Use attachment if necessary) | SKE FLORIT |
| ICLE V: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |

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)

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.