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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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Articles of Conversion

For

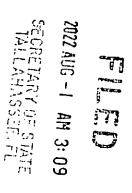
"Other Business Entity"

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: BLESSED ASSURANCE 3:10 LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CCC</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 12/24/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BLESSED ASSURANCE 3:10 LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/1/2022. (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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this	26H	day of _	July		20 22	.	
Signature o	of Authoriz	ed Repr	esentative of	f Limite	ed Liability	Company	<u>v:</u>
Signature of Printed Nam	f Authorize ne: CEORC	d Represe E JEF	entative: 7	Deor	ge Veff Title: Ow	NER/	lee Co. OWNER
		_		<u>tity:</u> [S	ee below for	required	signature(s)
Signature:	etw						
Printed Nam	e: FATE	MEH	FIGBEE		Title: _CO	-DWN	ER
Signaturo:							
Printed Nam	ie:				Title:		
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Signature:							
Printed Nam	ie:				Title:		
Cionanica							
Printed Nam	ie:	***			Title:		
If Florida C Signature of	orporation Chairman,	<u>:</u> Vice Cha	irman, Directo been selected.	or, or O	fficer.		
If Florida G Signature of			or Limited L	_iability	Partnership	<u>):</u>	
If Florida L. Signatures of			or Limited L ers.	<u> iability</u>	Limited Par	rtnership	<u>:</u>
All others: Signature of	an authoriz	ed person					
Fees:							
Artic	les of Con	version:			\$25.00		

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: CRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

BLESSED ASSURANCE LLC

(Must contain the words "Limited 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:

Principal Office Address:	Mailing Address:
214 NE GLENTRY AVE	214 NE GLENTRY AVE
PORT SAINT LUCIE, FL	PORT SAINT LUCIE, FL
34983	34983
	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GEORGE JEFFRY HIGBEE

Name

214 NE GLENTRY AVE

Florida street address (P.O. Box NOT acceptable)

PORT SAINT LUCIE FL 34883

City 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 Agant's Signature (KER)UIREI

(CONTINUED)

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

WGR" = Manager MGR" = Manager MGR" = Manager MGR" = Manager PORT SAINT LUCIE, FL 34983 AMBR FATE MEH HIGBEE 214 NE GLENTRY AVE PORT SAINT LUCIE, FL 34983 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: 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 the any false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S. GEORGE TEXEN HIGBEE Typed or printed name of signee Filling Fees \$125.00 Filling Fee for Articles of Organization and Designation of Registered S 30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Control of Status (C	WGR" = Manager MGR" = Manager AMBR FATE MEH HIGBEE 214 NE GLENTRY AVE FORT SAINT LUCIE, FL 34983 [Use attachment if necessary] (Use attachment if necessary) TLE V: Other provisions, if any. REQUIRED SIGNATURE: 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 the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S. GEORGE JEFFN GEEE Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered A	Title:	Name and Address:
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