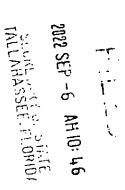
# L22000405816

(Requestor's Name)
(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:
Office Use Only



700393793787

18/06/22-4,14:3-4 0- (4\*,14),15



#### **COVER LETTER**

TO: New Filing S			
Division of C	•		
SUBJECT: Nicole F			
	(Name of Re	sulting Florida Limited	Company)
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organization iability Company	i, and fees are submitted to convert an "Other in accordance with s. 605,1045, F.S.
Please return all corr	espondence concernin	ig this matter to:	
Michael Dortch			
	(Contact Person)		
Nicole Fiorina Books.	LLC		
· · · · · ·	(Firm/Company)		
2152 Deer Run Ln			
	(Address)		
Fleming Island, FL 32	003		
(1	City, State and Zip Code)		
Mike ONF Gra	N E. CAM		
E-mail Address: (to b	N COM be used for future annual re	eport notifications)	
For further informati	on concerning this ma	itter, please call:	
Michael Dur	teh		910 - 2297
(Name of Conta	act Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check to dollars and drawn on	for the following amount a bank located in the	unt: (All checks pro United States)	cessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C	ection	N	treet Address: ew Filing Section ivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

# 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.

Nicole Fiorina Books, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
1/10/2022 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Nicole Fiorina Books, L.L.C.
(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 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 6 day of June	20 <u></u>		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Michael Dortch	Title: AMBR		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature			
Printed Name: Michael Dortch	Title: Vice President	•	
Signature:		IALLAHÁSSE	2022 SEP -6 AM 10: 47
Printed Name:	Title:	, A	SEP
Signature:		SSX	9-
Signature: Printed Name:	Title:	m c	2
Signature:Printed Name:		FLORID.	9
Printed Name:	Title:	. Ref	Ę
Signature:			
Printed Name:	_ Title:		
Signature: Printed Name:			
Printed Name:	Title:	,	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.		
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.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
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 I - Nam	ť	•
-----------------	---	---

The name of the Limited Liability Company is:

Nicole Fiorina Books, L.L.C.				
(Must contain the words "Lim	ited Liability Company, "L.U.C.," or "LUC.")	<del></del> -1	چے	
ARTICLE II - Address:		ALLA	202 <b>2</b> SI	-i,
The mailing address and street address	of the principal office of the Limited Lia	abili <b>&amp;</b> iCor	n <mark>pa</mark> ny	isi-
Principal Office Address:	Mailing Address:	YBSSE.	9	ļ.
2152 Deer Run Ln	P.O. Box 8664	70	AM 10:	
Fleming Island, FL 32003	Fleming Island, FL 32003	2	<del></del>	
		<u></u>	40	

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:

Ginn & Patrou PA	
Name	
460 A1A Beach Blvd.	
Florida street address (P.O. Box	NOT acceptable)
St. Augustine, FL 32080	
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 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>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	<b>.</b>
AMBR	Michael Dortch
	2152 Deer Run Ln
	Fleming Island, FL 32003
AMBR	Nicole Dortch
	2152 Deer Run Ln
	Fleming Island, FL 32003
<del></del>	
	C SET
	<b>Q</b> : /
(Use attachment if necessary)	EE. FLORID
(Ose attachment if necessary)	SP S
	<u> </u>
LE V: Other provisions, if any.	<del>1-</del>
provide provide a large	
DECHIDED SICNATURE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member 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 in	with section 605.0203 (1) (b). Florida Statutes. Lam aware
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am aware t
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 t
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.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware to ment to the Department of State constitutes a third degree fell public 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)