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(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

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C. C. S. NGJOR YIDEO I DANCHISING DIVISION OF CORPORATIONS TALL ATTASSEE, FLORIDA

2022 SEP 15 AM 10: W

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COVER LETTER

Division of Corporations					
SUBJECT: Of and E Tryestment Survices LLC (Name of Resulting Florida Limited Company)					
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.					
Please return all correspondence concerning this matter to:					
Oundrea Butter (Contact Person) A and & Twylestment Services LLC (Firm/Company) 994 Springslate Circle (Address) Palm Springs & 33461 (City, State and Zip Code)					
E-mail Address: (to be used for future annual report notifications)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (561) 281 - 0792 (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)					
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) □\$155.00 Filing Fees and Certified Copy & S185.00 Filing Fees, Certified Copy & Certified Copy & Certificate of Status					
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section

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 <u>Corpora Hon</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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
on Oglivation, formation or incorporation).
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
_ a and E Investment Services LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1000 202. (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.
2022 SEP 15 AM OF STANCHISTORY TALLASSEE, F

Signed this 09 day of September	_ 20 <u>_ 2</u> 2				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: Printed Name: Qual eq Butler	Title: President				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature: Lotton & Butt	4				
Signature: 2 Hm 2 Sente Printed Name: Elton Butle 1	Title: You President.				
Signature:					
Printed Name:	Title:				
Signature:					
Signature:Printed Name:	_ Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Signature: Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					
Fees:					
Articles of Conversion:	\$25.00				
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)				
Certificate of Status:	\$5.00 (Optional)				

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.")				
(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:				
994 Springdale arche 1994 Springdale arche 1				
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:				
<u>Androa Butler</u> Name				
994 Spring dale Circle Florida street address (P.O. Box NOT acceptable)				
Palm Springs FL 33461				
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)				

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H	.r.	 LC		

. . .

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	andrea Butter 994 Springdale Circle Palm Springs, Fr 33461
Manager	Elton Butler 194 Springdolle Circle Palm Springp, N 33461
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
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 that ment to the Department of State constitutes a third degree felony
Undle	a Butter.
1.37	nea or printea name of stance

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)