# 122000A22696

(Requestor's Name)
(Address)
(Address)
( idaioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  AWWW UNIVERSE  EWALL  OFFICERS  AUTO 100 PM 1
WRIT Name
DATE 9/30/22
DOC. EXAM JUSICA FORDY
Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2022

AMBER WINKLER 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702

SUBJECT: AW VENTURES LLC Ref. Number: W22000083929

We have received your document for AW VENTURES LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 922A00013924

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

Division of C			
	TURES LLC		
SUBJECT:	TORES LEG		
	(Name of Re	sulting Florida Limited Con	npany)
The enclosed Article. Business Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organization, an ability Company" in a	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
AMBER WINKLER			
AW VENTURES LLC	(Contact Person)		
7901 4TH ST N, STE 3	(Firm/Company) 300	<del></del>	
	(Address)	<u> </u>	
ST. PETERSBURG, FL	_ 33702		
AMBER@AWVENTUF	City, State and Zip Code) RES.CO (.∞ NOT.c	om)	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
AMBER WINKLER		828 26 at ()	8-2084
(Name of Conta	act Person)		time Telephone Number)
	for the following amou a bank located in the		sed 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 Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add			t Address:
New Filing S			Filing Section ion of Corporations
LIMISION OF C	A DEDICTION OF STREET	121715	IOI OI VAUDOIGIONIS

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

#### **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)	<del></del> -
SOLE MEMBER LLC	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a	ommon law or business trust, etc.
First organized, formed or incorporated under the laws of	
4/13/2018 (Enter state, or if a non-U.S. entit	ty, the name of the country)
On	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached AWT Ventures LLC	Articles of Organization:
(Enter Name of Florida Limited Liability Company)	·
DATE OF RECEIPT	
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 th	an 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 document's effective date on the Department of State's records.	is date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statu	tes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	praisal rights the amount to
	(A)
	: 20

Signed this 24th day of MAY	20_22
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: AWINULA Printed Name: Amber Winkler	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liability	Officer. corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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 - Name:	
The name of the Limited Liability Compa	any is:
AWT Ventures LLC	
Must contain the words 'Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7901 4TH N. STE 300	7901 4TH N, STE 300
ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702
The name and the Florida street address of Registered Agents Inc.	
	Name
7901 4th St N, STE 300	
	<del></del>
Florida street address	(P.O. Box NOT acceptable)
Florida street address St. Petersburg	33702
St. Petersburg  City  Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and company to the p	33702 FL
St. Petersburg  City  Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and company to the p	33702 FL Zip  and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE	IV-
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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	
MEMBER	AMBER WINKLER
	7901 4TH ST N, STE 300
	ST. PETERSBURG, FL 33702
<del></del>	
	CO [T]
	ب پي
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	DinIUL
any false information submitted in a docume as provided for in s.817.155, F.S.	n authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
Ambe	wWinkler
	ed 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)