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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	,
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Florida Flurry, Inc	
	esulting Florida Limited Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:
Jessie Riley	
(Contact Person)	
(Firm/Company)	<u> </u>
18204 Mount Olive Dr	
(Address)	
Dade City, FL 33523	
(City, State and Zip Code)	
E-mail Address. (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
Jessie Riley	ar (352) 467 - 0283
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S150.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion Florida Flurry, Inc.	on is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter antity 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 coun	nry)
March 3, 2021	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organi	ization:
Florida Flurry, Inc	
(Enter Name of Florida Limited Liability Company)	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar day 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 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 am which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	iount to
DIVISICH SHE FLORIDA TALL HASSEE, FLORIDA	TILL THE

Signed this <u>\$\sqrt{\text{day}} \text{of} \text{AUQUSF}</u>	20 <u>22</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Fitle: RA / Officer
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Title: P,S / Officer
Signature:	
Printed Name: Weylin Rifey	Fitle: VP. T
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	m: 1
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 Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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	e Limited Liability Comp	any is:	
Florida Flurry, L			
	(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		I the principal office of the Limite	d Liability Company is:
Principal Offi	ice Address:	Mailing Address:	
18204 Mount O		18204 Mount Olive Dr	
Dade City, FL	33523	Dade City, FL 33523	<del></del>
	th an active Florida registration) the Florida street address	of the registered agent are:	
	Jessie Riley		
		Name	
	18204 Mount Olive Dr		
	Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
	Dage City	FL <sup>33523</sup>	
	City	Zip	
liability c registered ay statutes rei	company at the place design gent and agree to act in thi lating to the proper and col	nt and to accept service of process for nated in this certificate, I hereby acc s capacity. I further agree to compl implete performance of my duties, and in as registered agent as provided for	cept the appointment as ly with the provisions of all nd I am familiar with and
	Kuda Vile	]	• «
	Registered Agen	it's Signature (REQUIRED)	TOZ OCI
			;;≤ < ~ ~

#### ARTICLE IV-

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	
AMBR	Jessie Riley
	18204 Mount Olive Dr
	Dade City, FL 33523
MGR	Weylin Riley
	18204 Mount Olive Dr
	Dade City, FL 33523
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
was but of	
This document is executed in accordance	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
Ly Try Viles	ped or printed name of signee
Тур	ped or printed name of signee Filing Fees
\$125.00 Editor Dec 6-11 A. 4' I	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)