# 12000452964

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0).000.00.00.00.00.00
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 27, 2022

ALEXIS PARENT ALEXIS AVELLANT DESIGN SERVICES, LLC 2140 TANBARK LANE FT LAUDERDALE, FL 33312

SUBJECT: ALEXIS AVELLANT DESIGN, LLC

Ref. Number: W22000097991

We have received your document for ALEXIS AVELLANT DESIGN, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 422A00016763

### **COVER LETTER**

TO:	New Filing S Division of C			
		•	ис	
SUBJ	JECT: Alexis A	vellant Design Services, (Name of Re	sulting Florida Lim	ited Company)
		s of Conversion, Artic	les of Organiza	tion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:	
Alexis	s Parent			
	-	(Contact Person)		_
Alexis	Avellant Design	Services, LLC		
		(Firm/Company)		_
2140	Tanbark Lane			
		(Address)		_
Ft Lau	uderdale, FL 333	12		
	(	City, State and Zip Code)		_
alexis	@alexisparent.c	om		
E-t	mail Address: (to b	e used for future annual re	port notifications)	_
For fu	urther informati	on concerning this ma	tter, please call:	
Alexis	s Parent		_at (	<sub>1</sub> 451-5630
	(Name of Conta	act Person)	(Area Code	(Daytime Telephone Number)
		for the following amount a bank located in the	•	processed by this office must be payable in US
( <del>\$25 ft</del> & <del>\$12.</del>	50.00 Filing Eces or Conversion 5 for Articles panization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		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 <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:

Alexis Avellant Design Services, LLC

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <a href="Limited Liability Company">Limited Liability Company</a> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Connecticut  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
3/14/2013 OB
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Alexis Avellant Design Services, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.

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Signed this derit Farent day of Jul 11, 2022 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Merit Farent Printed Name: Alexis Parent Title: Sole Member Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: ALEXS PARENT X Title: \_ MYS /mbc Signature: Printed Name: \_\_\_\_\_\_ Title: \_\_\_\_\_ Printed Name: Signature: Printed Name:\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_ Signature: Printed Name:\_\_\_\_\_\_ Title:\_\_\_\_\_ Signature: Printed Name:\_\_\_\_\_ Title: \_\_\_ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. 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: \$125.00

Certified Copy:

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

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Company is:				
Alexis Avellant Desig	gn Services, LLC				
(Mu	st contain the words "Limited Liabilit	y Company, "L.L.C" or "LLC.")		_	
ARTICLE II - Ad The mailing addres	·	incipal office of the Limited	Liability (	Compa	ny is:
Principal Office A	ddress:	Mailing Address:			
2140 Tanbark Lane		2140 Tanbark Lane			
Ft Lauderdale, FL 33	3312	Ft Lauderdale, FL 33312		_	
				<del>-</del> -	
(The Limited Liability Cobusiness entity with an a		d Office, & Registered Agentered Agent. You must designate an increase registered agent are:			
	Name	2			
	0440 Tanhadi Lana				
	2140 Tanbark Lane Florida street address (P.O	Rox NOT acceptable)			
	Ft Lauderdale	FL <sup>33312</sup>			
	City	Zip			
liability compo registered agent o statutes relating	any at the place designated in and agree to act in this capac g to the proper and complete p	o accept service of process for a this certificate, I hereby acce tity. I further agree to comply performance of my duties, and gistered agent as provided for	pt the app with the p I am fami	ointme rovisio liar wi	nt as ns of all th and
	Alexis Parent Alexis Parent Alexis Parent (Jul 2002 15 00 5 DT)				
	Registered Agent's Sign	nature (REQUIRED)			
	(CONTIN		IALLAHA LALLAHA	2022 AUG	<u> </u>

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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 MGR	Alexis Parent
	2140 Tanbark Lane Ft. Lauderdale, FL 33312
(Use attachment if necessary)	
CLE V: Other provisions, if any.	1.0F.10 1.77:
REQUIRED SIGNATURE:	
-	
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a docur as provided for in s 817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
as provided for this 817.133, r.s.  Alexis Par	rent

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)