# 12200046033

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

2022 OCT 21 AM 5: 34



### **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:  M-Bliss LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liabilty Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et	
	c.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
10/04/2019	
on 10/04/2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization M-Bliss LLC	:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: Filing 10/14/2022	
(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.)	r
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 OCT 21 AM 5: 34
SECRETARY OF STATE

Signed this 14 day of October	20_ <del>_22</del> _	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative:  Printed Name: Eunyoung Coleman	ALLON COLUMAN  Title: MGR	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: The Lann		
Printed Name: Todd Celeman	Title: MGR	-
Signature:		_
Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	-
Signature:		
Printed Name:		
Signature:		_
Printed Name:	Title:	-
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 Liabili	ty Partnership:	
Signature of one General Partner.		
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

me: .imited Liability Company	y is:	
and the second section of the second	hilita Communi I C " or "I I C "	
lust contain the words "Limited Lis	ability Company, "L.L.C., or "LLC.")	)
ddress: ess and street address of th	e principal office of the Limi	ited Liability Company is:
Address:	Mailing Address:	
nit# 301	250 95th ST #545997	
	Surfside FL 33154	
Company cannot serve as its own R active Florida registration.)  Florida street address of t	degistered Agent. You must designate a	
Todd Coleman		
N	ame	
9273 Collins Ave Unit #30	1	
Florida street address (	P.O. Box <u>NOT</u> acceptable)	
Surfside	FL 33154	
City	Zip	
pany at the place designate and agree to act in this ca ig to the proper and comple pligations of my position as	ed in this certificate, I hereby a pacity. I further agree to com ete performance of my duties, registered agent as provided	accept the appointment as apply with the provisions of all and I am familiar with and
	ust contain the words "Limited Lie  dd ress: ss and street address of the  Address: nit# 301  Registered Agent, Registered agent are address of the  Todd Coleman  N  9273 Collins Ave Unit #30  Florida street address (  Surfside  City  med as registered agent are any at the place designate and agree to act in this can ge to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and complete oligations of my position as a colling to the proper and co	ust contain the words "Limited Liability Company, "L.L.C.," or "LLC."  ddress: ss and street address of the principal office of the Limited Address:  Mailing Address:  Mailing Address:  Mailing Address:  Mailing Address:  Surfside FL 33154  Registered Agent, Registered Office, & Registered Agent. You must designate active Florida registration.)  Florida street address of the registered agent are:  Todd Coleman  Name  9273 Collins Ave Unit #301  Florida street address (P.O. Box NOT acceptable)  Surfside  FL 33154

### 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		
MGR	Eunyoung Coleman	
	9273 Collins Ave Unit #301	_
	Surfside FL 33154	
MGR	Todd Coleman	
	9273 Collins Ave Unit #301	_
	Surfside FL 33154	_
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(II - M. Norra Conserva	-	_
(Use attachment if necessary)	· 2	
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CLE V: Other provisions, if any.	LLE OC	j
CLE V: Outer provisions, it arry.	AAA T2	i
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REQUIRED SIGNATURE:	TATE 33	
	(31)	3
~ M Q Q Q	1 Clark	
	V	_
Signature of a member or a	n authorized representative of a member	
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes. I am aware	tha
any false information submitted in a docum as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree fe	:loi
Eunyoung Coleman		

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)