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

Office Use Only



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COVER LETTER

TO:- New Filing S Division of O				
	eclutters LLC			
SUBJECT:				
	(Name of Re	sulting Florida Limi	ted Co	mpany)
The enclosed Article Business Entity" into	es of Conversion. Artic o a "Florida Limited L	les of Organizati iability Company	on, ar /" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Jaime Durheim				
Jaime Declutters LLC	(Contact Person)		-	
10241 110th Way	(Firm/Company)		-	
Largo, FL 33778	(Address)		•	
jaimedurheim@gmail.d	City, State and Zip Code)			
E-mail Address: (to b	oc used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call;		
Jaime Durheim		920 _at (988-4	4545
(Name of Conta	act Person)		(Day	rtime Telephone Number)
Enclosed is a check f dollars and drawn on	for the following amou a bank located in the	nt: (All checks p United States)	roces	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S			New Filing Section	
Division of C P.O. Box 632				ion of Corporations
r.O. Box 632	. /		The C	Centre of Tallahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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)

Jame Declotters LLC

Limited Liability Corporation
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) Wisconsin
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
September 22, 2019
(date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Refillery Collective LLC
(Enter Name of Florida Limited Liability Company)
Immediate
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 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.

Signed this 30 day of October 2	20 <u>22</u> .
Signature of Authorized Representative of Limited	Liability Company:
Signature of Authorized Representative: Printed Name; Jaime Durheim	Fitle: Owner/Sole Member
Signature(s) on behalf of Other Business Entity: [Se	e below for required signature(s)]
Signature: D	
Printed Name: JAIME DURHEIM	Title: OWNER / SOLE MEMBER
Signature:	
Signature:	Fitle:
Signature:	
Signature:	Title:
Signature:	
Printed Name:7	Title:
Signature:	
Printed Name:	itle:
Signature:	
Printed Name:	itle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incorp	
If Florida General Partnership or Limited Liability F Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of ALL General Partners.	<u> imited Partnership:</u>
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:
Refillery Collective	
(Must contain the word	s "Limited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10241 110th Way	PO Box 3762
Largo, FL 33778	Seminole, FL 33775
(The Limited Liability Company cannot serve business entity with an active Florida regist.) The name and the Florida street as Jaime Durheim	
10241 110th W	ау
Florida streel Largo	address (P.O. Box <u>NOT</u> acceptable) 33778
	City Zip
liability company at the place registered agent and agree to ac statutes relating to the proper of accept the obligations of my	d agent and to accept service of process for the above stated limited designated in this certificate. I hereby accept the appointment as t in this capacity. I further agree to comply with the provisions of all and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 605, F.S., Agent's Signature (REQUIRED)

(CONTINUED)

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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	Jaime Durheim	
	10241 110th Way	
	Largo. FL 33778	
	Largu. PL 33778	
<u> </u>		
		
		
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(Use attachment if necessary)		< >3
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ICLE V: Other provisions, if any.	بن ب	c
<u></u>	:-	- TP
		-

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Jaime Durheim			

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)