# 122000488763

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SLORE, MY DESTATE FALLAHASSEE, FLORID

# **COVER LETTER**

TO:	New Filing S Division of C					
SUBJ	ECT:	Т	EAMF	OXX LL	С	
0000		(Name of Res				ompany)
						and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concerning	g this	matter to	:	
	LAS	SHLEY WINTER				
		(Contact Person)				
		TEAMFOXX LLC				
		(Firm/Company)		-	_	
		4551 NW 22ND ST				
		(Address)				
	LAI	JDERHILL FL 33313				
		City, State and Zip Code)		<del></del>		
	LASHLEY	WINTER@GMAIL.CO	М			
E-n	nail Address: (to b	e used for future annual re	port no	ufications)	_	
For fu	irther informati	on concerning this ma	tter, pl	ease call	:	
	DAVID A	ANGLIN	at (	917	)	603 3878
	(Name of Conta	ict Person)			/	Paytime Telephone Number)
		or the following amou a bank located in the			proce	essed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status		80.00 Filin Pertified C		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection 'orporations 7			Nev Div The 241	eet Address: v Filing Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, 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.605,104 Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Convers TEAMFOXX LLC (Enter Name of Other Business Entity) LIMITED LIABILITY COMPANY 2. The "Other Business Entity" is 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 \_\_\_\_\_ (Enter state, or if a non-U.S. entity, the name of the country) 10/24/17 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: TEAMFOXX LLC (Enter Name of Florida Limited Liability Company) 04/28/22 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

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 this17 day ofNOVEMBER	_ 20_ 22
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative of Limit Signature of Authorized Representative: Printed Name: LASHLEY WINTER	MANAGER MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: LASHLEY WINTER	Title: MANAGER
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title: Title: Title: Title: Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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 Company is:		
TEAMFOXX, LLC		
(Must contain the words "Limited Liability (	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4551 NW 22ND STREET	4551 NW 22ND STREET	
LAUDERHILL FL 33313	LAUDERHILL FL 33313	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the register LASHLEY WINTER  Name 4551 NW 22ND ST LAUI	ered Agent. You must designate an individual or another ered agent are:	FIL THE 3:57
Florida street address (I	P.O. Box NOT acceptable)	
LAUDERHILL	FL <sup>33313</sup>	
City	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMDD" - Authorizad Masshar	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerAMBR	LASHLEY WINTER
	4551 NW 22ND ST LAUDERHILL FL 3313
	LL PAR
<del></del>	
(Hanatashan mi if n manama)	<u> </u>
(Use attachment if necessary)	
LE V: Other provisions, if any. ITED LIABILITY COMPANY IS TO B	E MANAGED BY: ONE OR MORE MEMBERS
LE V: Other provisions, if any, ITED LIABILITY COMPANY IS TO B  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am awar
LE V: Other provisions, if any. ITED LIABILITY COMPANY IS TO B  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awarment to the Department of State constitutes a third degree state.
LE V: Other provisions, if any. ITED LIABILITY COMPANY IS TO B  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awar ment to the Department of State constitutes a third degree

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)