# L22000495234

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

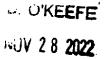
Office Use Only



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#### COVER LETTER

TO: New Filing Se					
Division of Co	•				
SUBJECT: Highland	Avenue Design, L.L.C.				
	(Name of Res	ulting	Florida Limit	ed Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this	matter to:		
Lindsey Farrell					
	(Contact Person)			-	
Highland Avenue Desig	n, LLC				
	(Firm/Company)			•	
6490 Wiregrass Way					
	(Address)			•	
Tallahassee, FL 32309					
(C	ity, State and Zip Code)			•	
lindsey@highlandavenu	ueevents.com				
E-mail Address: (to be	used for future annual re	port n	otifications)	-	
For further information	on concerning this ma	iter, j	olease call:		
Lindsey Farrell		at (	.919	824-	2829
(Name of Contact	et Person)	′	(Area Code)	(Day	rtime Telephone Number)
Enclosed is a check for dollars and drawn on				roces	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	ess:			<u>Stree</u>	t Address:
New Filing Se	ection				Filing Section
Division of Co P.O. Box 632	-				ion of Corporations Centre of Tallahassee
r.O. DUX UJZ.	1			1110	Jenne Of Fananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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.

	(Enter Name of Other Business Entity)
2. The	"Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First or	ganized, formed or incorporated under the laws of
	(Enter state, or it a non-U.S. entity, the name of the country)
9/3/2 on	
(date	of organization, formation or incorporation)
	name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  d Avenue Design
	(Enter Name of Florida Limited Liability Company)
4. If no	et effective on the date of filing, enter the effective date:
(The ef	fective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e 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 t's effective date on the Department of State's records.
5. The j	plan of conversion has been approved in accordance with all applicable statutes.
	Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

Signed this 10	day of <u>November</u>	20
Signature of Autho	orized Representative of	Limited Liability Company:
Signature of Author Printed Name: Lindse	ized Representative:	Indsey Farrell Title: Owner
Signature(s) on bch	alf of Other Business Enti	ty: [See below for required signature(s)]
Signature: King	laux Farrell	
Printed Name: Lindse	y Farrell	Title: Owner
Printed Name:		Title:
G. A		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporat	ion.	
If Florida Corporat	an, Vice Chairman, Directo	r or Officer
	ers have not been selected, a	
		-
	<u>Partnership or Limited Li</u>	ability Partnership:
Signature of one Ger	neral Partner.	
If Florida Limited I Signatures of <u>ALL</u> (	Partnership or Limited Li Jeneral Partners.	ability Limited Partnership:
All others: Signature of an author	orized person.	
Fees:		

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Highland Avenue Design, L.L.C.		
(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	1 Liability Company is:
Principal Office Address:	Mailing Address:	
6490 Wiregrass Way	6490 Wiregrass Way	
Tallahasse, FL 32309	Tallahassee, FL 32309	
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the Lindsey Farrell		ndividual or another
N	ame	
6490 Wiregrass Way		
	P.O. Box NOT acceptable)	
Tallahassee	FL 32309	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and comples accept the obligations of my position as	ed in this certificate, I hereby acc pacity. I further agree to compl ete performance of my duties, an	ept the appointment as y with the provisions of all ad I am familiar with and
Registered Agent's S	Farrell Signature (REQUIRED)	2022 NOV 14
(CONT	TINUED)	NILED PASSETTION

	ARTIC	CLE	1	V-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR	Lindsey Farrell			
	6490 Wiregrass Way			
	Tallahassee, FL 32309			
<del></del>				
	Ä. 26			
	SS - +			
(Use attachment if necessary)	777.			
	P = T = T = T = T = T = T = T = T = T =			
FICLE V: Other provisions, if any.	—————————————————————————————————————			
	· or			
REQUIRED SIGNATURE:				
	10			
andsers Farre	,ll			
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 talse information submitted in a docum	ment to the Department of State constitutes a third degree felony			
as provided for in s.817.155, F.S.				
Participation of the second of				
Lindsey Farrell				
Typ	ped or printed name of signee			

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

**Filing Fees**