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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bus	siness Entity Nam	ne)
(Uoc	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to F	Filing Officer:	
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Office Use Only



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11/29/22--01067--020 **150.60

COVER LETTER

Division of Co	orporations		
SUBJECT. Lilia I	Pereira Photo	graphy, LLC	
SUBJECT.		ulting Florida Limited C	
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
	(Contact Person)		
Northwest Regis	tered Agent LLC		
	(Firm/Company)	<u> </u>	
7901 4th St I	N STE 300		
	(Address)		
St. Petersbu	rg, FL 33702		
(0	City, State and Zip Code)		
eastern@northw	estregisteredage/	nt.com	
E-mail Address: (to b	e used for future annual rep	port notifications)	
For further information	on concerning this mat	tter, please call:	
Filings Team	-	·	768-2249
(Name of Conta		_at () (Area Code) (E	Daytime Telephone Number)
	or the following amou a bank located in the		essed 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 Fees and Certified Copy	Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632	ection orporations	Nev Div	eet Address: v Filing Section ision of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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.

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)
2. The "Other Profess Entiry" is a Limited Liability Company
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.)
First organized formed or incomparated under the laws of Arizona
(Eller state, or a wine state state,
on 6/3/2020 (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: Lilia Pereira Photography, LLC
(Enter Name of Florida Limited Liability Company)
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.
5. 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

Signed this 21 day of November	20_22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	maria Ruma
Printed Name: Lilia Pereira	_ Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Luia haria Turia Printed Name: Lilia Pereira	
Printed Name: Lilia Pereira	Title: Manager
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tiela
Trinted Name.	
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili	tv Partnershin
Signature of one General Partner.	ry ratemensings
If Florida V imited Danta and in an I imited Vishili	en I imited Days
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
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)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Lilia Pereira Photography, LLC (Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the resolution Northwest Registered Agent LLC Name	egistered agent are:
7901 4th St N STE 300	
Florida street address (P.O.	Box NOT acceptable)
St. Petersburg	_{FL} FL
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all terformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTI	CL	Æ	ľ	٧	-
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager		
"MGK – Manager Manager	Lilia Pereira	
<u> </u>	7901 4th St N STE 300	
	St. Petersburg FL 33702	
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(Use attachment if necessary)	: :	ų.
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TEV. Other provisions if any		, 0
LE V: Other provisions, if any.		
		-
REQUIRED SIGNATURE:		
		
Morgan Poble		

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.

Morgan Noble

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)