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(Cit	y/State/Zip/Phone #	*)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
		11/17/27
		1-1-5

Office Use Only

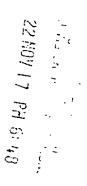


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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2022

ROBERT L DAY 10229 MORNING MIST LN SARASOTA, FL 34241

SUBJECT: MERCHANT RELIEF COUNSIL, LLC

Ref. Number: W22000123897

COPY

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE FILING YOU SENT IN WAS A PRINTED COPY OF THE ONLINE FILING YOU NEED TO GO TO THE WEBSITE AND GET THE PAPER FILING FORM AND RESUBMIT FILLED OUT ON THAT FORM.,

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 422A00021777

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

Division of Corporations	
SUBJECT: Merchant Relief Council, L	LC
	of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Other ted Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence cond	eerning this matter to:
Robert Day	
(Contact Person	
WeAudit.com	
(Firm/Company	,
8350 Bee Ridge Road-Suite 354	
(Address)	
Sarasota, Florida 34241	
(City, State and Zip (Code)
robert@weaudit.com	
E-mail Address: (to be used for future an	nual report notifications)
For further information concerning th	nis matter, please call:
Robert Day	at (636)284-6603
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located i	amount: (All checks processed by this office must be payable in US in the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing and Certificate of Status	
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, 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 \$ 605, 1045. Florid "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: Merchant Relief Council, LLC
(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.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
October 14, 2009 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Merchant Relief Council, 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.

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	day of	
Signature	of Authorized Representative of	Limited Liability Company:
Signature of Printed Nat	of Authorized Representative: A	Title: Member
Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)]
Signature:	Put Zi ver	Title: Member
Printed Nar	ne: Robert Day	Title: Member
Signature: Printed Nar	ne:	Title:
		Title:
		Title:
rimed Nai	ne:	Title:
Signature: Printed Nar	ne:	Title:
Signature:		
Printed Nar	ne:	Title:
Signature o	Corporation: f Chairman, Vice Chairman, Direct or Officers have not been selected.	
	General Partnership or Limited L f one General Partner.	iability Partnership:
	Limited Partnership or Limited L of <u>ALL</u> General Partners.	iability Limited Partnership:
All others: Signature o	f an authorized person.	
Fees:		
Fee Cer	icles of Conversion; s for Florida Articles of Organizat tified Copy: tificate of Status:	\$25.00 ion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

DINISION OF COLUMN SECTIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability C	Company is:	
Merchant Relief Council, LLC		
(Must contain the words "I	Limited Liability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
8350 Bee Ridge Road-Suite 354	8350 Bee Ridge Road-Suite 354	
Sarasota, Fl 34241	Sarasota, FI 34241	
(The Limited Liability Company cannot serve as business entity with an active Florida registrati		
The name and the Florida street add	ress of the registered agent are:	
Robert Day	Luo De S	
	Name	
10229 Morning M	list Lane	
Florida street a	ddress (P.O. Box NOT acceptable)	
Sarasota	FL 34241	
C	City Zip	
liability company at the place d registered agent and agree to act is statutes relating to the proper an	agent and to accept service of process for the a lesignated in this certificate, I hereby accept the in this capacity. I further agree to comply with ad complete performance of my duties, and I am osition as registered agent as provided for in Cl	e appointment as the provisions of all 1 familiar with and
Registered A	Agent's Signature (REQUIRED)	LI ACA
	(CONTINUED)	T PH 6:48

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Robert Day
	10229 Morning Mist Lane
	Sarasota, FL 34241
	
(Use attachment if necessary) T.E V: Other provisions, if any.	
T.E V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	6
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	r an authorized representative of a member rewith section 605.0203 (1) (b), Florida Statutes, I am aware tument to the Department of State constitutes a third degree fellows.

Typed or printed name of signee

Filing Fees

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