123000003999

(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	
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09/15/22--01028--008 **127.50

10/19/22--01009--028 **47.50

SECRETARY OF STATE

Articles of Conversion For

"Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and "Other Business Entity" into Statutes.	attached Articles of Organization are submitted to convert the following a Florida Limited Liability Company in accordance with s.605.1045, Florida
1. The name of the "Other Bus Mr. X Brand LLC	ness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entity" (Enter entity type, Exa	is a limited liability company is a corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incor	Ohio porated under the laws of
01/21/2020 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or	incorporation)
	ted Liability Company as set forth in the attached Articles of Organization:
Mr. X Brand LLC	
(Enter Na	me of Florida Limited Liability Company)
4. If not effective on the date of	filing, enter the effective date:
the date this document is filed	prior to date of receipt or filed date nor more than 90 calendar days after by the Florida Department of State.) does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
. The plan of conversion has be	en approved in accordance with all applicable statutes.
5. The "Converted or Other Busin which such members are entitle	ess Entity" has agreed to pay any members having appraisal rights the amount to d under ss. 605,1006 and 605,1061-605,1072, F.S.

	- .	
Signed this 14 day of December	20_22.	
Signature of Authorized Representative	ve of Limited Liability Company:	
Signature of Authorized Representative:	na ree	
Printed Name: Matthew Muzila	Title: Owner	
Signature(s) on bobolf of Other Business	- F-44 IC 1-1 6	
Signature(s) on behalf of Other Busines	s Entity: [See below for required sign	ature(s)
Signature:		
Printed Name: Matthew Muzila	Title: Owner	
Signature:		
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title	
Signature:	77:1	·
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Di	rector, or Officer.	
If Directors or Officers have not been selec	ted, an Incorporator must sign.	
If Florida General Partnership or Limite	ed Liability Partnership:	
Signature of one General Partner		
If Florida Limited Partnership or Limite	d Liability Limited Partnership	
Signatures of ALL General Partners.	a maonicy Dimited 1 arthership.	
All others:		
Signature of an authorized person.		
		^.1
Fees:		922 SEC Tr
Articles of Conversion:	\$25.00	E II. 2022 OCT 18 SECTETAR TALL
Fees for Florida Articles of Organi		122 0
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	RY OF S
		PH I: 17 OF STATE SSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	_		
	ited Liability Company is:		
	, , , , , , , , , , , , , , , , , , , ,		
Mr. X Brand LLC			
	ontain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ADTICITI			
ARTICLE II - Addi The mailing address a	· -	ncipal office of the Limited L	iahility Company is:
		L.	dointy Company 13.
Principal Office Add	tress:	Mailing Address:	
5036 Dr Phillips Blvd #	 1088	5036 Dr Phillips Blvd #1088	
Orlando, FL 32819		Orlando, FL 32819	
ADTICLE III Doc	stored Ament Desistant	Oer- en .	
The Limited Liability Comp	any cannot serve as its own Register	Office, & Registered Agent's red Agent. You must designate an indivi	S Signature: idual or another
business entity with an activ	e Florida registration.)		
The name and the Flo	rida street address of the re	gistered agent are:	
M	 atthew Muzila		
	Name		
	36 Dr Phillips Blvd #1088	D. NOT.	
Γ	lorida street address (P.O. 1	Box NOT acceptable)	
Or —	ando	FL 32819	
	City	Zip	
Having been named	as registered agent and to a	accept service of process for the	ahovo stated limited
liahility company	at the place designated in the	his certificate, I hereby accept t	the annointment as
registered agent and	agree to act in this capacity	I further agree to comply wit	h the provisions of all
statutes relating to	the proper and complete per	rformance of my duties, and I a	ım familiar with and
accept the obliga	tions of my position as regis	tered agent as provided for in	Chapter 605, F.S.
	NATO		s 2
	Registered Agent's Signat	ure (REQUIRED)	822 301 TA
	(COMPINITE	785	
	(CONTINUI	(חק	<u>ن ب ب ب ب</u>
			SE P

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Matthew Muzila 5036 Dr Phillips Blvd #1088
	Orlando, FL 32819
Hop attacker and 'Canada '	S
Use attachment if necessary)	SECRETY TALL/
EV: Other provisions, if any.	7 (1) A
	- $ -$
	<u>်</u> က်က -
REQUIRED SIGNATURE:	ניו
2	
Signature of a member or a	n authorized representative of a member
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree fellows.
Matthew Muzila	
	ed or printed name of signee