

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
Office Use Only	



01/08/28--01080--017 **150.00





COVER LETTER

TO: New Filing Section Division of Corporations	3	
SUBJECT: Infinite Creative Crea	ations LLC	
((Name of Resulting Florida Limited Company)	-
	rsion, Articles of Organization, and fees are submitted to Limited Liability Company" in accordance with s. 605.1	
Please return all correspondence	concerning this matter to:	
Zachary Lambe		
(Contact P	'erson)	
(Firm/Con	npany)	
1199 Lands End Rd		
(Addre	255)	S 2
Lantana, FL 33462		23 JAN SECRET
(City, State and Zachary, T. Lambe@gmail.com	d Zlp Code)	N-3 HASS
E-mail Address: (to be used for fut	ture annual report notifications)	Fo. 32
For further information concerni	ing this matter, please call:	PM 2: 43
Zachary Lambe	at (⁵⁶¹) 3073450	<u> </u>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the follo dollars and drawn on a bank loca	owing amount: (All checks processed by this office must lated in the United States)	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 and Certific Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Infinite Creative Creations LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Single-Member LLC	
(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)	
12/21/2021 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization. Infinite Creative Creations LLC	1
(Enter Name of Florida Limited Liability Company)	_
4. If not effective on the date of filing, enter the effective date:	5
(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.	

23 JAN -3 FM 2: 4 SECRETARY OF STATE TALL AHASSEE, 11 no

23 JAN -3 FH 2:

ARTICLES OF OF	RGANIZATIO!	N FOR FLORIDA	LIMITED LI	IABILITY COM	MPANY	
ARTICLE I - Nam	e:					
The name of the Lin		ompany is:				
Infinite Creative Crea						
(Musi	contain the words "L	imited Liability Company,	"L.L.C" or "LLC.	")		
ARTICLE II - Add The mailing address	· · ·)	ess of the principal o	ffice of the Lin	nited Liability Co	ompany is:	
Principal Office Ac	ldress:	<u>Mailin</u>	g Address:			
1317 Edgewater Dr		1317 F	dgewater Dr			
Suite #4846		Suite #				
Orlando, FL 32804	-		lo, FL 32804			
The name and the F		hannon Scurry	agent are:	_		
-		Name		_		
	1317 Ed	gewater Drive				
•	Flor da street ac	ddress (P.O. Box <u>N</u> O	T acceptable)			
	Orlando	FL	32804			
-	C	ity	Zip	_		
liability compa registered agent a	ny at the place de nd agree to act ir	agent and to accept s esignated in this cert n this capacity. I furt d complete performa	ificate, I hereby her agree to co	naccept the appear	lutm es t as Brisi <mark>tus</mark> of all	<u></u>

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and A	Address:
"MGR" = Manager	MGR	Zachary Lambe
	1317 E Orland	dgewater Drive #4846 o FL 32804
	 	
		
(Use attachment if necessary) LE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a member or This document is executed in accordance any false information submitted in a document	with section 605.020.	3 (1) (b), Florida Statutes. I am aware
as provided for in s.817.155, F.S.	Eachary Lambe Ped or printed nan	
Zachary Lambe		