123000022568

(1	Requestor's Name)	
(,	Address)	
	Address)	
(1	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



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COVER LETTER

TO: New Filing Son Division of C				
SUBJECT: Mary Cla	•			
SUBJECT:		sulting Florida Limit	ed Com	 pany)
		•	-	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Mary Claire O. McNair				
	(Contact Person)		•	
Mary Claire O. McNair	LLC			
	(Firm/Company)			
4291 S. Tamiami Trail	#1043			
	(Address)			
Venice, FL 34292				
	City, State and Zip Code)			
MaryClaireMcNair@gn	•			
	e used for future annual re	nort notifications)		
E-man Address. (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Mary Claire O. McNair		_at (504	813-8	948
(Name of Conta	ct Person)	(Area Code)	(Dayı	time Telephone Number)
	or the following amou a bank located in the	•	rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add			<u>Street</u>	Address:
New Filing So				Filing Section
Division of C P.O. Box 632				on of Corporations entre of Tallahassee
F.O. DOX 032	1		THE	CHIEC OF Fahahassee

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 <u>and attached Articles of Organization</u> 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: Mary Claire McNair, 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)
05/16/2016
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:
Mary Claire O. McNair, 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 31	day of December	20 <u>22. </u>	
		Limited Liability Company:	
Signature of Author Printed Name: Mary	rized Representative:	ADDM Alor Title: Owner	
Signature(s) on beh	ualf of Other Business En	tity: [See below for required si	gnature(s)
		Title: Manager	-
Printed Name: Mary	Claire O. McNair	Title: Manager	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
	an, Vice Chairman, Directe	or, or Officer. an Incorporator must sign.	
If Florida General Signature of one Gen	Partnership or Limited L neral Partner.	iability Partnership:	
	Partnership or Limited L	iability Limited Partnership:	

\$25.00

\$125.00

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

All others:

Fees:

Signature of an authorized person.

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

2023 JAN -5 PH 12: 20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the			
	Limited Liability Con	npany is:	
Mary Claire O. Mo	cNair, LLC		
		nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing add	ress and street address	s of the principal office of the Limit	ed Liability Company is:
Principal Office	e Address:	Mailing Address:	
4291 S. Tamiami	Trail #1043	4291 S. Tamiami Trail #10	043
Venice, FL 34292		Venice, FL 34292	
			
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.		
The name and th	ie Florida street addres	ss of the registered agent are:	
	Mary Claire O. McNa	air	
		Name	
	12066 Grantie Wood	ds Loop	
	Florida street add	ress (P.O. Box NOT acceptable)	
	Venice	FL ³⁴²⁹²	
	Venice	r L	

ARTICLE IV-

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

Mary Claire O. McNair 12066 Granite Woods Loop Venice, FL 34292		
12066 Granite Woods Loop		
12066 Granite Woods Loop		
Vehice, FL 34292		
 		
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	authorized representative of a m	•

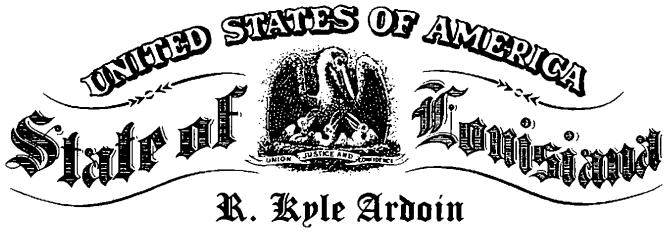
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mary Claire O. McNair

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)



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

MARY CLAIRE MCNAIR LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on May 16, 2016,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 1, 2023

OF LOUIS TO A STREET ARY OF STREET

Certificate ID: 11667677#WAR93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 42268002K