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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	_

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COVER LETTER

IO: New Filing Section Division of Corporations			
SUBJECT: FRIENDLY ADVERTISEMENT L	.LC		
(Name of Res	sulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organizati iability Company	on, and fees are submitted to convert " in accordance with s. 605.1045, F.	an "Other S.
Please return all correspondence concernin	g this matter to:		
KEVIN J. CONNER, CPA			
(Contact Person)			
CONNER & ASSOCIATES LLC			
(Firm/Company)			
20 3RD ST SW STE 306			
(Address)		•	
WINTER HAVEN, FL 33880			
(City. State and Zip Code)	•	•	
JCONNER@CONNER-CPA,COM			
E-mail Address: (to be used for future annual re	port notifications)	•	
For further information concerning this ma	tter, please call:		
KEVIN J. CONNER	_at (<u>863</u>	268-4374	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed by this office must be paya	ble 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 and Certified Cop	-	
Mailing Address:		Street Address:	
New Filing Section		New Filing Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	20
1.O. DOA 0027		the Centre of Tananassee	CE:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

Articles of Conversion

For

"Other Business Entity"

Into

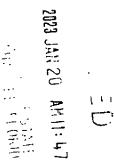
Florida Limited Liability Company

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: FRIENDLY ADVERTISEMENT 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.
(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)
01/14/2022 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: FRIENDLY ADVERTISEMENT LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing tenter 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 DECEMBER	20 <u>22</u>
	Signature of Authorized Representative of Limited	d Liability Company:
?	Signature of Authorized Representative:	Title: MANAGING MEMBER
	Signature(s) on behalf of Other Business Entity: [Se	
?	Signature: W ———————————————————————————————————	
	Printed Name: SETH DICKINSON	Title: MANAGING MEMBER
	Signature:	
	Signature:Printed Name:	Title:
	Signature: Printed Name:	Tiels.
	Printed Name:	Title:
	Signature:	
	Signature: Printed Name:	Title:
	Signature	•
	Signature: Printed Name:	Title:
	Signature:Printed Name:	Tal
	Printed Name:	Title:
	If Florida Corporation:	
	Signature of Chairman, Vice Chairman, Director, or Of	
	If Directors or Officers have not been selected, an Incor	porator must sign.
	If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>
	If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	
	All others: Signature of an authorized person.	
	Fees:	
	Fees for Florida Articles of Organization: S Certified Copy: S	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	e Limited Liability Compan	ny is:	
	ERTISEMENT LLC		
	(Must contain the words "Limited L	liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		he principal office of the Limi	ted Liability Company is:
Principal Offic	ee Address:	Mailing Address:	
2347 BRASSIE	CT	2347 BRASSIE CT	
WINTER HAVE		WINTER HAVEN, FL 338	B84
(The Limited Liabili	ty Company cannot serve as its own	tered Office, & Registered A Registered Agent. You must designate a	gent's Signature: in individual or another
•	n an active Florida registration.)	the mediatement occurs and	
the name and t	he Florida street address of	the registered agent are:	
	SETH DICKINSON	Name	
	•	, turne	
	2347 BRASSIE CT	/D D D NOM	
	Florida street address	(P.O. Box <u>NOT</u> acceptable)	
	WINTER HAVEN	FL 33884	
,, ,	City	Zip	Code Longer House
liability co registered ag statutes relo	City named as registered agent of ompany at the place designate and agree to act in this cuting to the proper and compete obligations of my position of the proper and compete obligations of the place of the proper and compete obligations of the place obligations of the place obligations of the place of the place obligations obligations of the place obligations	Zip Zip and to accept service of process ted in this certificate, I hereby o capacity. I further agree to com- plete performance of my duties, as registered agent as provided	accept the appointment as uply with the provisions of and I am familiar with and
liability co registered ag statutes relo	City named as registered agent of ompany at the place designate and agree to act in this cuting to the proper and compete obligations of my position of the proper and compete obligations of the place of the proper and compete obligations of the place obligations of the place obligations of the place of the place obligations obligations of the place obligations	Zip Zip Tand to accept service of process ted in this certificate, I hereby a capacity. I further agree to com- olete performance of my duties,	accept the appointment as uply with the provisions of and I am familiar with and

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	OSTU DIOWNOON
AMBR	SETH DICKINSON
	2347 BRASSIE CT
	WINTER HAVEN, FL 33884
	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware ti
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document of the submitted in a d	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the ement to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware ti
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. SETH DICKINSON	e with section 605.0203 (1) (b), Florida Statutes. I am aware the innent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. SETH DICKINSON	e with section 605.0203 (1) (b), Florida Statutes. I am aware tl

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