## L23000218011

(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:

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4-11-23

## **COVER LETTER**

TO: New Filing Section

Tallahassee, FL 32314

Division of Corporation	ons	
SUBJECT:	EA EXCUSIVE (Name of Resulting Florida Lim	DESIGNS LLC ited Company)
	_	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all corresponden	ace concerning this matter to:	
Luis Mar- (Contact Prime Exch (Firm/C	Fine 2 et Person)  agg Capital LLC  Company)  Stox Ter  Idress)	_
- <del>Ψ 3 Φ 13 (00h</del> (Ad	dress)	<del></del>
Davenport, El (City, State	23837 and Zip Code)	_
E-mail Address: (to be used for	future annual report notifications)	LOM .
For further information conce	<del>.</del>	
(Name of Contact Person)	at ( 787 (Area Code	) 595-7258 e) (Daytime Telephone Number)
dollars and drawn on a bank le	ocated in the United States)	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	00 Filing Fees ifficate of S180.00 Filing and Certified Co	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporation	ons	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

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 s.605.1045, Florida

Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  CHER EXCLUSIVE DESIGNS INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> <u>P220000 30825</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CHEA EXCLUSIVE DESIGNS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\mathcal{D}2\mathcal{M}A42\sqrt{23}$ .
(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.)
<u>Note:</u> 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 24 day of MARC	H 20 23 .
Signature of Authorized Representative	·
Signature of Authorized Representative: Printed Name: V(THEIA PICH	Title: MARCH 24 2 DUS OWNER
Signature(s) on behalf of Other Business	Entity:  See below for required signature(s)
Signature:	
Printed Name: Vithgia Pich	Title:President
Signature:	
Printed Name:	Title:
Signature:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Dir	
If Directors or Officers have not been select	ed, an Incorporator must sign.
If Florida General Partnership or Limite	d Liability Partnership:
Signature of one General Partner.	<del></del>
If Florida Limited Partnership or Limited	d Liability Limited Partnership:
Signatures of ALL General Partners.	-
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CHEA EXCLUSIVE DESIGNS LIC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

**Mailing Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

7768 Deer Lodge Cir #107 7068 Deer Lodge Cir #107 Dacksonville, FL 32256 Jacksonville, FL 32256

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

The name of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Prime Exchange Capital LLC Name
Florida street address (P.O. Box NOT acceptable)
Davenport FL 33837 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
(Chinkler tion)
Registered Agent's Signature (REQUIRED)
(CONTINUED)
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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	
Mr-R	Vithaia Pich
<del></del>	<del></del>
	700 68 Decc Lodge Cic #10
	Vithgia Pich  7068 Decr-Lodge Cir #10  Jacksonville, Fl 32256
	Jaconson alle 1 Pt 02236
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(Use attachment if necessary)	
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that

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