L23000268147

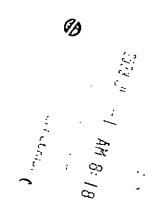
(R	equestor's Name)	.
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
		—
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
4 D	A No h N	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Considerate estimate to Fil		
Special Instructions to Fil	ing Onicer.	
		l

Office Use Only



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FLORIDA CAPITAL COURIER SER	VICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from this account: 120	02100000160 : \$150.00
Authorization Signature: 2	7
La Isla Designs LLC	
BUSINESS	DOC#
Certified Copy of Articles of Org	anization
Certificate of Status	anization
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A.
Officer/Director	
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
_ CORP	_XConversion Amended and restated Articles
LLLP	Statement of Authority
OTHER FILINGS	DECICTED ATION/OHALIEICATIONS
Tundomoule	REGISTERATION/QUALIFICATIONS
<u>Trademark</u> Annual Report	Foreign filing
/\langle	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINIER'S INITIALS:	

Please use funds from this account: 1202100000160 :\$150.00 Authorization Signature:	
Certificate of Status NEW FILINGS Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLULPCORPLULPCONVERSIONAMENDMENTSAmendmentResignation of R.AChange of Registered AgentRevocation of DissolutionMergerCORPX_ConversionAmended and restated ArticeStatement of Authority OTHER FILINGS REGISTERATION/QUALIFICATIONS	
Profit CorpAmendment	
Not for Profit Resignation of R.A. Officer/Director Limited Liability Change of Registered Agent Domestication Revocation of Dissolution Other Merger CORP X Conversion LLLP Amended and restated Artic Statement of Authority OTHER FILINGS REGISTERATION/QUALIFICATIONS	
REGISTERATION/QUALIFICATIONS	les
Trademark Annual Report Fictitious Name Trademark Foreign filing Limited Partnership Reinstatement	
APOSTILLEOther Country	

EXAMINIER'S INITIALS:____

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: La Isla Designs	r		
SUBJECT:(N	ame of Resulting Florida L	imited Con	npany)
The enclosed Articles of Conversi Business Entity" into a "Florida L Please return all correspondence o	imited Liability Comp	any" in a	d fees are submitted to convert an "Other ccordance with s. 605.1045, F.S.
Nadia Fernandez			
(Contact Per	rson)		
La Isla Designs LLC		<u>_</u>	
(Firm/Comp	pany)		
411 Walnut St #20970			
(Addres	s)		
Green Cove Springs, FL 32043			
(City, State and	Zip Code)		
nadiialfemandez@gmail.com			
E-mail Address: (to be used for futu	re annual report notification	ns)	
For further information concerning	ng this matter, please c	all:	
Nadia Fernandez	at (,713	-5901
(Name of Contact Person)	at (Code) (Da	sytime Telephone Number)
•			ssed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	•		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:		Stre	et Address:
New Filing Section		Nev	Filing Section
Division of Corporations P.O. Box 6327			ision of Corporations
Tallahassee, FL 32314			Centre of Tallahassee N. Monroe Street, Suite 810
			ahassee, FL 32303



June 2, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: LA ISLA DESIGNS LLC Ref. Number: W23000077311

We have received your document for LA ISLA DESIGNS LLC. However, the document has not been filed and is being returned for the following:

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 723A00012514

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www.sunbiz.org

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:
(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
03/08/2022
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
La Isla Designs Luc
(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 30th day of Mou	_20 <u>_2_3</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Addia Printed Name: Nadia Fernandez	Title: Founder
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)]
Signature: Madia fernandez Printed Name: Nadia Fernandez	Title: Founder
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability C	Company is:		
La Isla Designs LLC. (Must contain the words "	Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street addr	ess of the pr	incipal office of the Limited Liability Company	is:
Principal Office Address:		Mailing Address:	
411 Walnut St #20970		411 Walnut St #20970	
Green Cove Springs, FL 32043		Green Cove Springs, FL 32043	
The name and the Florida street add			
	Nam	e	
411 Walnut St #		NOT III	
Florida street	addr e ss (P.C). Box NOT acceptable)	
Green Cove Spr	ings	FL 32043	
,	City	Zip	
liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	designated in in this capac nd complete position as re	to accept service of process for the above stated ling this certificate, I hereby accept the appointment city. I further agree to comply with the provisions performance of my duties, and I am familiar with egistered agent as provided for in Chapter 605, F	as of al and

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	N. 11 -
AMBR	Nadia Fernandez
	411 Walnut St #20970
	Green Cove Springs, FL 32043
·	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	ndiahu lun —
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	diahuly
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	•
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	•
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Nadia Fernandez	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Nadia Fernandez	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that the cument to the Department of State constitutes a third degree felor company of the printed name of signee
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Nadia Fernandez	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felor cyped or printed name of signee Filing Fees
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Nadia Fernandez	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felor yped or printed name of signee Filing Fees of Organization and Designation of Registered Ag