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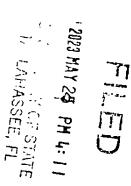
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





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in 2-, ... -0 Jule-Aca (**120.21





COVER LETTER

TO: New Filing Section Division of Corporations			
Name: Taile Slevide 11.C			
SOBSECT.	f Resulting Florida Limit	ed Company)	-
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite	Articles of Organizati	on, and fees are submitted to	
Please return all correspondence conce	ming this matter to:		
Brian M. Kracht			
(Contact Person)			
Kracht Law Firm, PA			
(Firm/Company)			
831 W. Morse Blvd.			
(Address)			
Winter Park, Florida 32789			
(City, State and Zip Co	ide)		
bkracht@krachtlawfirm.com			
E-mail Address: (to be used for future annu	nal report notifications)		
For further information concerning this	matter, please call:		
Brian M. Kracht	at (_ ⁴⁰⁷	966-4554	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	-
Enclosed is a check for the following a dollars and drawn on a bank located in		rocessed by this office must b	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fe and Certificate of Status	ees \$180.00 Filing and Certified Cop		HAY 24 PH 4: 12 LAHASSEE, FL
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee	EL ENTE

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.

Happy Tails Florida, LLC (a/k/a Happy Tails, LLC, a Kansas limited liability company)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
11/20/2020 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:
Happy Tails Florida, 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
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.
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 23rd day of April	20_23		
Signature of Authorized Representative of Limited Liability Company:			
MP.			
Signature of Authorized Representative:	mil Mongor		
Printed Name: Natalie Skadra	I IIIe: Manager		
Signature(s) on behalf of Other Business Entity: (See below for required signature(s)]		
Signature: Annia disdriber 27, 2021 27 EDIT			
Printed Name: Natalie J. Skadra	Title: Member		
<i>a</i> -04			
Signature: Pian P. Sanders			
Printed Name: Hian P. Sanders	little: Member		
Signatura			
Signature:Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	Trial .		
Printed Name:			
Signature:			
Signature:Printed Name:	Title:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or			
If Directors or Officers have not been selected, an Inc	corporator must sign.		
If Florida Common Boutmanship on Limited Linkili	tr. Doute auching		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion:	\$25.00		
Fees for Florida Articles of Organization:	\$125.00		
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

12023 MAY 24 PM 4: 12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name			
The name of the Limi	ited Liability Company is	;	
Happy Tails Florida, LL (Must o		ity Company, "L.L.C.," or "L.LC.")	
ARTICLE II - Addr			
The mailing address a	and street address of the p	principal office of the Limited Lia	bility Company is:
Principal Office Add	dress:	Mailing Address:	
826 Hilda Way		826 Hilda Way	
The Villages, Florida 3	2162	The Villages, Florida 32162	
		 	
(The Limited Liability Compusiness entity with an acti The name and the Flo	pany cannot serve as its own Regive Florida registration.) orida street address of the tracht Law Firm, PA		lual or another
	Nam	ne	-
8	31 W. Morse Blvd.		5 A
Florida street address (P.O. Box NOT acceptable)		D. Box NOT acceptable)	7 A
W	/inter Park	FL ³²⁷⁸⁹	THE PH 4:
	City	Zip	ma e
liability compan registered agent an statutes relating to	y at the place designated to d agree to act in this capa to the proper and complete vations of my position as re	to accept service of process for the in this certificate, I hereby accept to city. I further agree to comply with performance of my duties, and I are gistered agent as provided for in a full of the complete that the complete the complete that the	the appointment as th the provisions of all im familiar with and

(CONTINUED)

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	
MGR	Natalie J. Skadra
	826 Hilda Way
	The Villages, Florida 32162
MGR	Rian P. Sanders
	826 Hilda Way
	The Villages, Florida 32162
	
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any. This company shall exist in perpetuity or until dis	ssolved in a manner provided for by law or in its operating ge in any lawful business.
agreement. This comapny is authorized to engage	ge in any lawful business.
	<u> </u>
REQUIRED SIGNATURE:	AHAS
Natal e Saudra (Apr. 22)	次で 3 2022年2月20日
Matol efskadro (Apr 22)	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Natalie Skadra	
Т.,	mad as mainted name of sinner

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)