23000294443

(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:
ļ





700409734587

06/01/23--01017--015 **150.00

23 JUN - 1 AH JUL BE

COVER LETTER

TO:	New Filing So Division of C					
SUBJ	ECT: Bigger	Picture LLC				
3000		(Name of Res	ulting Florida Limite	d Com	npany)	
			_		d fees are submitted to c ecordance with s. 605.10	
Please	return all corre	espondence concerning	g this matter to:			
Filing	ıs Team					
		(Contact Person)				
		(Firm/Company)				23 JUN - 1 AN IUS ON ALL ANTASSE STOCKES
7901	4th St NSTE	300				
		(Address)				10 to 1
St. P	etersburg, FL	33702				
	((City, State and Zip Code)				₹, €
easte	ern@northwes	tregisteredagent.co	m			
E-n	nail Address: (to b	e used for future annual re	port notifications)			-
For fu	rther information	on concerning this ma	tter, please call:			
Filings	Team		at (509)	76	68-2249	
	(Name of Conta	ct Person)	_····\	(Day	time Telephone Number)	
		or the following amou a bank located in the		ocess	ed by this office must be	e payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles unization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing Sc Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	1	New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810

Tallahassee, FL 32303

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 Articl Bigger Picture LLC	es of Conv	ersion i	s:
(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, comme	on law <u>or</u> busi	ness trus	t. etc.)
First organized, formed or incorporated under the laws of California	SEC ALL	23	سيس
(Enter state, or if a non-U.S. entity, the	name of the	comptry)	1
on 05/20/2019	25. 25.	<u> </u>	
(date of organization, formation or incorporation)	7.=		, 1
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of Org	ga ni zat	ion:
Bigger Picture LLC	•••	Ca	
(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 9 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 dat 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 22nd day of May	2023
Signature of Authorized Representative	e of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Coby Katz	Coby katz Title: Founder
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: coby katz	
Printed Name: Oby Katz	Title: Founder
Printed Name:	Title:
C'	
Printed Name:	Title:
Signature:	Title:
rrinted Name:	Title.
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir If Directors or Officers have not been selected.	
If Florida General Partnership or Limite Signature of one General Partner.	ed Liability Partnership:
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organ Certified Copy: Certificate of Status:	\$25.00 ization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bigger Picture LLC						
	contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")				
ARTICLE II - Add						
The mailing address	and street address of the	e principal office of the Limited	Liability Company is:			
Principal Office Ad	<u>ldress:</u>	Mailing Address:				
1065 SW 8th St #1508		1065 SW 8th St #1508				
Miami FL 33130		Miami FL 33130	<u>_</u>			
	· · · · · · · · · · · · · · · · · · ·		.			
	npany cannot serve as its own R- tive Florida registration.)	red Office, & Registered Ager egistered Agent. You must designate an in				
	or du buleer hadress of the	ne registered agent are:	\$\tag{\alpha}			
	Northwest Registered Agent		23 . SEO (ALL)			
	Northwest Registered Agent		23 JUN SECRETA			
<u>!</u>	Northwest Registered Agent Na 7901 4th St N STE 300	LLC ame	23 JUR - I SECRETAL SSE			
<u>!</u>	Northwest Registered Agent Na 7901 4th St N STE 300	LLC	23 JUR - 1 AH SECHE MASSELLS			
- -	Northwest Registered Agent Na 7901 4th St N STE 300	P.O. Box <u>NOT</u> acceptable)	23 JUR - I AHID: SECRETARY IN THE			
- -	Northwest Registered Agent Na 7901 4th St N STE 300 Florida street address (I	LLC ame	23 JUR - I AH ID: 1) 9 SECRETARY IN THE ID: 1) 9			

(CONTINUED)

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 MGR/AMBR	Coby Katz	
MOLIVAMEN	1065 SW 8th St #1508	
	Miami FL 33130	···
		
		<u> </u>
		
(Use attachment if necessary)		=
(500 1000)		23 ALI
ARTICLE V: Other provisions, if any.		환호 폭
·		<u> </u>
<u>REQUIRED</u> SIGNATURE:) <u>G</u>
Nat Smi	ナルイー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	

Signature of a member or an authorized representative of a member

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.

Nat	Srr	iith

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)