13000306140

| (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: |
| |
| |
| |
| |

Office Use Only



400411199064

Chilian

ECRETARY OF STATE

RECEIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 06/26/2023 | |
|------------------|-----------------------|------------------------------------|
| Name: | IZENI | |
| Reference # | 20398 | 95 |
| Entity Name | :: | JULIE KREAMER LLC |
| S Articl | es of Incorporation/A | Authorization-to-Transact:Business |
| Amer | ndment | |
| ☐ Chan | ge of Agent | |
| ☐ Reins | statement | |
| Conv | ersion | |
| ☐ Merg | er | |
| Disso | olution/Withdrawal | |
| ☐ Fictiti | ious Name | - Acom |
| _ ⊘ -Othe | | ** CERTIFIED COPY UPON FILING ** |
| | | |
| Authorized A | Amount: | \$180.00 |
| Signature: | | |
| | | - - |

F: +852.2682.9790

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|--------------------------------------|---|-----|
| SUBJECT: Julie Kreamer LLC | | | |
| | alting Florida Limite | ed Company) | |
| The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia | - | on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S. | |
| Please return all correspondence concerning | this matter to: | | |
| Maria Kenigsberg | | | |
| (Contact Person) | | | |
| Chuhak & Tecson, P.C. | | | |
| (Firm/Company) | | | |
| 120 S. Riverside Plaza, Suite 1700 | | | |
| (Address) | | | |
| Chicago, Illinois 60606 | | | |
| (City, State and Zip Code) | | | |
| mkenigsberg@chuhak.com | | | |
| E-mail Address: (to be used for future annual rep | port notifications) | | |
| For further information concerning this mat | ter, please call: | | |
| Maria Kenigsberg | at (312 | 855-5442 | |
| (Name of Contact Person) | | (Daytime Telephone Number) | |
| Enclosed is a check for the following amoundollars and drawn on a bank located in the U | • | rocessed by this office must be payable 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 land Certified Copy | y Certified Copy, and Certificate of Status | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | <u>.</u> | 2415 M. Monnos Cincot, Cuita 2102 | コラフ |

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: Julie Kreamer LLC |
|---|
| (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) |
| March 5, 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: Julie Kreamer 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 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 26th day of June | 20_23 | |
|---|--|---|
| Signature of Authorized Representative of Lim | uited Liability Company: | |
| Signature of Authorized Representative: Printed Name: Julie Kreamer | Title: Manager | - |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | |
| Signature: One Kreamer | Title: Manager | |
| Signature:Printed Name: | Title: | |
| Signature: Printed Name: | | |
| | | |
| Signature: Printed Name: | Title: | • |
| Signature: Printed Name: | Title: | |
| 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 General Partnership or Limited Liabiling Signature of one General Partner. | ty Partnership: | |
| <u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners. | ty 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) | PILED 2023 JUN 26 PM 8: 21 SECRETARY OF STATE |
| | | 7.21 3:21 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Li | ability Company is: | |
|--|--|--|
| Julie Kreamer LLC | art to the second of the secon | |
| (Must contain t | ne words "Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and str | eet address of the principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 9536 Montelanico Loop | 9538 Montelanico Loop | |
| Naples, Florida 34119 | Naples, Florida 34119 | |
| | | |
| | reet address of the registered agent are: reamer Name | |
| 9536 M | ontelanico Loop | |
| Florid | street address (P.O. Box NOT acceptable) | |
| | FL 34119 | |
| Naples | | |
| Naples | City Zip | |

(CONTINUED)



| A | D | TI | \boldsymbol{c} | L | • | V_{-} |
|---|---|----|------------------|---|---|---------|
| - | п | | ι., | | | |

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 | Julie Kreamer |
| | 9536 Montelanico Loop |
| | Naples, Florida 34119 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | r an authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant. | r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a document in a documen | r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware th |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S. Julie Kreamer | r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware th |

TOPS JUN 26 PM 8:21
TALLAMOSS FIFE