L23000306422

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone i	#)
PICK-UP WAIT	MAIL MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
Office Use Only	



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2023 JUN 27 PM 3: 30

W23000070472





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2023

JESSICA MAMANN MAMANN HOLDINGS LLC 3385 NW 53RD CIR BOCA RATON, FL 33496 US

SUBJECT: MAMANN HOLDINGS LLC

Ref. Number: W23000070472

We have received your document for MAMANN HOLDINGS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 223A00011169

COVER LETTER

TO: New Filing S Division of C				
	MANN HOLDI	NGS LLC	ompany)	-
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, a ability Company" in	and fees are submitted to accordance with s. 605.10	convert an "Other 045, F.S.
Please return all corr	espondence concerning	g this matter to:		
3385 NW 9	MAMANN (Contact Person) HULDING 5 (Firm/Company) 3-d CIrcle (Address) USL, 3349 City, State and Zip Code)	96		. 2023 JUN 27
Jessica Abe E-mail Address: (to b	CGSSIS @ YGhc e used for future annual rep	port notifications)		123 JUN 27 PH 3: 30
For further information	on concerning this mat	tter, please call:		PH PH
Name of Conta	Maman (7)9-3726 aytime Telephone Number)	3: 30 STATE S. FL
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the l	nt: (All checks proce: United States)	ssed by this office must b	e 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Adda New Filing So Division of C	ection	New	et Address: Filing Section sion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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: MAMANN HOLDINGS INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a SCUCOSCATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florid Co
(Enter state, or if a non-U.S. entity, the name of the country)
on 12/14/27 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mamann Holdings LLC E & !!
(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 27 day of JUN	20 <u>23</u> .	
Signature of Authorized Representative of Limited Liability Company:		
Signature of Authorized Representative: Printed Name: PSSICA MANGOO	Title: CED	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature:	Title: (77)	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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)	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MAMAUN HUDIUGS CC (Must contain the words "Limited Liability	cy Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3385 NW 52 d CV BUCG RANA FL 33496	3385 NW 53rd CIV Buca Ration 19 33476
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the	
Jessica M Name	CAMONA E STATE OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
3385 NW 53 Florida street address (P.O	Box NOT acceptable)
RSCa Ration	FL 33496 FA 30
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
	<u>3</u>
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JESSICT MAMARA 3385 NW SSALCK BUCT RANGE PL 33496
MGR	Mynana Mamana 33x5 du 53ca CV Buca parm Pl 33496
	· 2023
(Use attachment if necessary)	PH SSE PH
ARTICLE V: Other provisions, if any.	3: 30 STATE E, FL
REQUIRED SIGNATURE:	
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
Jessica Mama	^
Тур	ped 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)