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## COVER LETTER

TO: New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: X LLC

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045 F.S.

Please return all correspondence concerning this matter to:

**Gustav L. Schmidt**  
**3703 Wilcox Street**  
**San Diego, CA 92106**  
e-mail: [gus@arcticsublab.com](mailto:gus@arcticsublab.com)

For further information concerning this matter, please call:

Gustav L. Schmidt at (305) 523-9267

Enclosed is a check for the following amount: \$185 filing fees, certified copy, and certificate of status.

Sincerely,

Gustav L. Schmidt

**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: **Gustav L. Schmidt, P.A.** *P20000015611*
2. The "**Other Business Entity**" is a corporation, first organized, formed or incorporated under the laws of Florida on February 14, 2020.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: **X LLC.**
4. These Articles of Conversion shall be effective upon filing with the Florida Department of State.
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 30<sup>th</sup> day of June, 2023.

Signature of Authorized Representative of Limited Liability Company:

By: /s/ Gustav L. Schmidt  
Name: Gustav L. Schmidt  
Title: Manager

Signature on behalf of Other Business Entity:

By: /s/ Gustav L. Schmidt  
Name: Gustav L. Schmidt  
Title: Managing Shareholder

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

X LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

c/o Gustav L. Schmidt  
1314 E. Las Olas Blvd.  
#2619  
Fort Lauderdale, FL 33301

**Mailing Address:**

c/o Gustav L. Schmidt  
1314 E. Las Olas Blvd.  
#2619  
Fort Lauderdale, FL 33301

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Gary R. Swick  
3847 Summer Chase Ct.  
Lake Worth, FL 33467

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

Registered Agent Signature: /s/ Gary R. Swick

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#### **ARTICLE IV – Managers**

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

**Title:**

MGR

**Name and Address:**

Gustav L. Schmidt  
1314 E. Las Olas Blvd.  
#2619  
Fort Lauderdale, FL 33301

MGR

Erin M. Swick  
3847 Summer Chase Ct.  
Lake Worth, FL 33467

#### **ARTICLE V – Other Provisions**

The limited Liability Company shall be a manager-managed Professional Limited Liability Company in accordance with Chapter 605 and Chapter 621, Florida Statutes. The Limited Liability Company shall be authorized to conduct any and all business permitted under applicable law.

#### **REQUIRED SIGNATURE:**

By: /s/ Gustav L. Schmidt  
Name: Gustav L. Schmidt  
Title: Manager

#### **Signature of authorized representative**

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.