L23000420509

(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.

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COVER LETTER

FO: New Filing Section Division of Corporations				
SUBJECT: Qwarke, LLC				
(Nume of Resul	lúng Florida Limit	ed Company)	_	
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lial				
Please return all correspondence concerning	this matter to:			
Registered Agents Inc				
(Contact Person)		-		
(Fum/Company)		-		
7901 4th St N STE 300		_		
(Address)				
St. Petersburg, Ft 33702		_		
(City, State and Zip Code)				
eastern@registeredagentsinc.com				
E-mail Address: (to be used for future annual repo	ort notifications)	-		
For further information concerning this matte	er, please call:			
Filings Team	at (307) 200-2803		
(Name of Contact Person)		(Daytime Telephone Number)	_	
Enclosed is a check for the following amoun dollars and drawn on a bank located in the U	•	processed by this office must	be payal	ole in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing and Certified Cop		AL1.	2022 AUJ 15
Mailing Address:		Street Address:	-	U.
New Filing Section		New Filing Section		<u></u>
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810 ⁻	9

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.

Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of the Artic Qwarke, LLC	les of Co	nversion is:
(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, comm	on law or b	ousiness trust, etc.)
First organized, formed or incorporated under the laws of	e name of r	he country)
01/07/2021		·
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Art	ticles of C	Organization:
Qwarke, 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 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 dadocument's effective date on the Department of State's records.		
5. The plan of conversion has been approved in accordance with all applicable statutes.		
 The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	isal rights	the amount to 2022 AU _v 15 Fi
	7	<u></u> .

Signed this 11th day of August	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Potan Printed Name: Peter Bloomingdale	Bloomingdale
Printed Name: Peter Bloomingdale	Title:Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Peter Bloomingdale	
Signature: Peter Bloomingdale Printed Name: Peter Bloomingdale	Title: Manager
Signature:Printed Name:	75.1
Frinted Name:	_ little:
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature:Printed Name:	77**.1
Printed Name:	1 file:
Signature:	
Signature: Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	tu Dawtnayahin.
Signature of one General Partner.	ty raintersing.
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
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)

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ARTICLES OF	ORGANIZATION FOR	R FLORIDA LIMITED LIAB	HLITY CO	OMPANY
ARTICLE 1 - N The name of the	iame: Limited Liability Compan	ıy is:		
Qwarke, LLC				_
(Must contain the words "Limited L	iability Company, "L.L.C.," or "Ll.C.")		
ARTICLE II The mailing add		he principal office of the Limited	d Liability (Company is:
Principal Office	e Address:	Mailing Address:		
7901 4th St N STE	300	7901 4th St N STE 300		
St. Petersburg FL 3	3702	St. Petersburg Ft. 33702		- -
				<u>-</u>
	Registered Agents Inc			
	i	Name		
	7901 4th St N STE 300			
	Florida street address	(P.O. Box NOT acceptable)		
	St. Petersburg	FL 33702		
	City	Zip		
liability con registered ago statutes relat	mpany at the place designary nt and agree to act in this c ting to the proper and comp	and to accept service of process for ted in this certificate, I hereby acc apacity. I further agree to compl olete performance of my duties, ar as registered agent as provided fo	cept the app ly with the p nd I am fam	ointment as rovisions of all iliar with and
	David Rooms		ial! B	202 2 AUs
	Registered Agent's	Signature (REQUIRED)	- ,	٦

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	Peter Bloomingdale
	7901 4th St N STE 300
	St. Petersburg FL 33702
(Use attachment if necessary)	
(Ose attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	r an authorized representative of a member - 😂
Signature of a member of This document is executed in accordance	r an authorized representative of a member se with section 605,0203 (1) (b), Florida Statutes, Uam awares
Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member ewith section 605,0203 (1) (b), Florida Statutes, Fam awares ument to the Department of State constitutes a third degree extensions.
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes, l'am awares ument to the Department of State constitutes a third degree of G
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in \$.817,155, F.S. Robin Jones	r an authorized representative of a member ewith section 605,0203 (1) (b), Florida Statutes, I am awares ument to the Department of State constitutes a third degree extra constitutes a third degree
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in \$.817,155, F.S. Robin Jones	r an authorized representative of a member ewith section 605,0203 (1) (b), Florida Statutes, Lam awares ument to the Department of State constitutes a third degree &