L23000451135

(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:





700414797607

09/05/23--01007--022 **155.00





COVER LETTER

TO:	New Filing Se Division of C					
		•				
SUB.	JECT: LauLau l	(Name of Res	ulting Flori	da Limita	d Com	
		(Name of Res	and Flore	da Limite	a Com	ipany)
			_		•	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concernin	g this mat	ter to:		
Anna	Lautenschlaeger					
		(Contact Person)				
LauLa	au LLC					
		(Firm/Company)				
4785	S Citation Dr #10	1				
		(Address)				
Delra	y Beach. FL 3344	5				
	((City, State and Zip Code)				
anna	@thelaulau.com					
E-:	mail Address: (to b	e used for future annual re	port notifica	ntions)		
For fi	urther information	on concerning this ma	tter, please	e call:		
Anna	Lautenschlaeger		at (⁹¹⁴)	521-0	337
	(Name of Conta	ct Person)	_ \	a Code)	(Dayı	time Telephone Number)
		or the following amou a bank located in the	•	•	ocess	ed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	☐\$180.00 and Certif	_		□\$185.00 Filing Fees. Centified Copy. and Centificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7] [New F Division The Co	Address: Tiling 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.

	he name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Lau LLC
	(Enter Name of Other Business Entity)
2. T	he "Other Business Entity" is a LLC (one-member LLC) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(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)
	1/09/2023
(0	date of organization, formation or incorporation)
3. T	he name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LauL	au 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
	late this document is filed by the Florida Department of State.)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
5. Th	ne plan of conversion has been approved in accordance with all applicable statutes.
	he "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to hich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 28 day of August	20_2.3
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: ANNA LAUTENSCHLAEGER	Title FOUNDER/OWNER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	Title: FOUNDER/OWNER
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an If Florida General Partnership or Limited Liab Signature of one General Partner.	Incorporator must sign.
organism of the General Lardier.	
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LauLau LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4785 S Citation Dr #101	4785 S Citation Dr #101
Delray Beach, FL 33445	Delray Beach, FL 33445
business entity with an active Florida registration.) The name and the Florida street address of the re Anna Lautenschlaeger	gistered agent are.
Name	· · · · · · · · · · · · · · · · · · ·
4785 S Citation Dr #101	
Florida street address (P.O.	Box NOT acceptable)
Delray Beach	FL ³³⁴⁴⁵
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
(CONTINU	J ED)

ARTICLE IV-

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	Anna Lautanachlanna (CEO Chiat Funa Office)			
AMBR	Anna Lautenschlaeger (CEO Chief Exec Officer) 4785 S Citation Dr #101			
	 			
	Delray Beach, Florida 33445			
				
	· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)				
7,050 attachment if necessary)				
CLE V: Other provisions, if are.	•			
REQUIRED SIGNATURE:				
	/ / JM//////			
	- / // / / // ///			
Signature of a member of	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the			
way talse information submitted in a docu-	ment to the Department of State constitutes a third degree fel-			
as provided for in s.817.155, F.S.	·			
ANNA CAU	TENSCHLAEGER			
Τν	ped or printed name of signee			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)