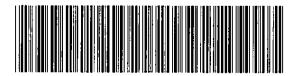
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(c )
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ethity (Jame)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.
1Anzha
10/23/23

Office Use Only



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#### **COVER LETTER**

TO:	New Filing Se Division of Co			
SHR	JECT:	small o	ovecle lic	
SODO	JEC11		ılting Florida Limited Con	npany)
The e	enclosed Articles ness Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organization, an ability Company" in a	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corre	spondence concerning	g this matter to:	
		(Contact Person)		
	Sm	MOIFCLE (Firm/Company)	lc	
		(Firm/Company) NN Pd Sulf (Address)		1519
<u> </u>	hami be	ach, PC 331 City, State and Zip Code)	39	
SN/ E-	nail Address: (to b	E @ GMA(L.C e used for future annual re	port notifications)	
For t	urther informati	on concerning this ma	tter, please call:	
BY	Name of Conta	Cauxin (Cauxin)	at ( <u>305</u> ) Q (Area Code) (Da	ytime Telephone Number)
		or the following amou a bank located in the		sed by this office must be payable in US
(\$25 : & \$1;	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add			et Address:
	New Filing S Division of C			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



September 28, 2023

BRIANA MCLAURIN 407 LINCOLN RD, SUTIE 6H - PMB 1519 MIAMI BEACH, FL 33139 US

SUBJECT: SMALL OIRCLE LLC Ref. Number: W23000132594

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 823A00022427

Summer Chatham Regulatory Specialist III Director's Office

### **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 Article SMAL OVECLE LIC	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>limited liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common	n law or business trust, etc.
First organized, formed or incorporated under the laws of Phoemy, AZ (Enter state, or if a non-U.S. entity, the	name of the country)
on 12/6/8 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
small oircle IIC	
(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 9	O calendar davs 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 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.	<u> </u>
6. The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the amount to
	7.53

Signed this 15th day of September 20 23
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative:
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: by ll Printed Name: BRIANA MCLAURIN Title: ALBR-OWNER
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fees:

Fees for Florida Articles of Organization:

Articles of Conversion:

\$125.00 \$30.00 (Optional)

\$25.00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Small Oleci		
	(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	<del></del>
	II - Address: address and street address of the p	orincipal office of the Limited I	Liability Company is:
Principal O	ffice Address:	Mailing Address:	
407 Uncd Mamil	n Rd Sute Lett-PMB 190 Rach (FL 330139	9 <u>401 Uncoln</u> Rd Miani Beach, Fi	Suck lett-PMP 150 _ 230139
(The Limited Li	III - Registered Agent, Registere ability Company cannot serve as its own Regi with an active Florida registration.)		
The name ar	nd the Florida street address of the	registered agent are:	
	lovetee	Dobson	
	Nam	ne	
	W50 NW 72nd A Florida street address (P.0	VE Towere 1, STE 455  D. Box NOT acceptable)	No. 1
	<u>Mani</u> City	FL 331210 Zip	10 C
liabilit registered	een named as registered agent and y company at the place designated i agent and agree to act in this capa relating to the proper and complete	to accept service of process for in this certificate, I hereby accep acity. I further agree to comply w	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TICLE I - Nam name of the Lir	ne:  mited Liability Company  SMAll OIRC					
	。 (Mus	t contain the words "Limited Liab	<del>, , , , , , , , , , , , , , , , , , , </del>	L.L.C.," or "LLC	;,")	-	
	TICLE II - Add mailing address	dress: s and street address of the	principal off	ice of the Lir	mited Liability	Company	is:
<u>Prin</u>	cipal Office A	ddress:	<u>Mailing</u>	Address:			
		Sute 64-PMB 19			Rd Suck b, Fl 3313		PMPI
(The L busin	imited Liability Con less entity with an ac	egistered Agent, Register mpany cannot serve as its own Re ctive Florida registration.)	gistered Agent. Y	ou must designa			
		Lovette 1	Dobeon		1753		ນູ້ ==
	•		me			7:5	الأين
		N50 NW 72nd 1	AVE TOWN	RI, STE	455	Ψ	
	•	Florida street address (P	O. Box <u>NO</u>	T acceptable	;)		
•		Manie	FL	33124	2		
•		City		Zip			
reg	liability compa istered agent a latutes relating	ed as registered agent and ny at the place designated had agree to act in this cap to the proper and comple gations of my position as Registered Agent's S	d in this certipacity. I furth te performan registëred as Dobson	ficate, I herel her agree to c ce of my duti gent as provid	by accept the ap comply with the ies, and I am fa	ppointmer provision miliar wit	nt as ns of all th and
	*		<i>.</i>	- \ <u>'</u> -\'4.			ر نیز

(CONTINUED)

Λ	RT	CL	F	IV-
- / -	13			1 ¥ -

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

Briana Myaurin			
407 Lincoln Rd Suite Lett-PMB	5 10		
Miami Beach, FL 33139			
~			
<del>``</del>			
7: 53			
00.00			
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			
uein			
ped or printed name of signee			
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that		

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