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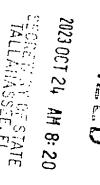
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(City/State/Zip/Phone #)	-
☐ PICK-UP ☐ WAIT ☐ MAIL	
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(Business Entity Name)	
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Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations	
Mike Anderson Photography, LI	LC
	cesulting Florida Limited Company)
Business Entity" into a "Florida Limited I	icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:
VeRonica R. Owens, Esquire	
(Contact Person) VeRonica R. Owens, Attorney at Law, P.A.	
(Firm/Company) 189 S. Lawrence Boulevard	•
(Address)	
Keystone Heights, FL 32656	
(City, State and Zip Code) mikeandersonphotography@hotmail.com)
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	natter, please call:
VeRonica R. Owens	352 473-5000
(Name of Contact Person)	at (
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$2 \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Mike Anderson Photography, LLC
(Enter Name of Other Business Entity) limited liability company
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
April 27, 2022
On (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
(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 18th day of October	20 23 .
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Michael W. Anderson	Title: MGRM
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Signature: Printed Name: Michael W. Anderson	Title: MGRM
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

• • • •

ARTICLE I - Name: The name of the Limited Liability Company	v is:	
Mike Anderson Photography, LLC		
	ability Company, "L.L.C.," or "LLC.")	_ _
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited	ł Liability Company is:
Principal Office Address:	Mailing Address:	
8186 Alderman Road	8186 Alderman Road	
Melrose, FL 32666	Melrose, FL 32666	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Foundament business entity with an active Florida registration.)		
The name and the Florida street address of t	he registered agent are:	
Michael W. Anderson		
N	lame	
8186 Alderman Road		
	P.O. Box NOT acceptable)	
Melrose	32666	
City	FI.	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and comple accept the obligations of my position a	ed in this certificate. Thereby acc apacity. I further agree to compl lete performance of my duties, an	rept the appointment as wwith the provisions of all ad I am familiar with and
	Signature (REQUIRED) FINUED)	ZOZ3 OCT 24 A
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Michael IV Anderson		
MGRM	Michael W. Anderson		
	8186 Alderman Road		
	Melrose, FL 32666		
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(Use attachment if necessary)		>:	_
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RTICLE V: Other provisions, if any.			
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Signature of a member or an authorized representative of a member. 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.

by Michael W. Anderson

Typed or printed name of signee

Filing Fees

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

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. TO THE RIGHTS OF LIMITED LIABILITY COMPANIES. TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MIKE ANDERSON PHOTOGRAPHY, LLC (W22898910), REGISTERED APRIL 27, 2022, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 14, 2023.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 FF Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 7naplFbSfUQOYhcvSaJByw To verify the Authentication Code, visit http://dat.maryland.gov/verify

Acknowledgement Number: 5000000006674237

STATE OF MARYLAND Department of Assessments and Taxation

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 1 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF ORGANIZATION-DOMESTIC LLC

for MIKE ANDERSON PHOTOGRAPHY, LLC

(Department ID: W22898910)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this August 14, 2023.

Michael L. Higgs

Director



SHALLAHASSEESIATE

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TVVoice

Online Certificate Authentication Code: CQT7mwSYUEWV0Hv2QqE0bg To verify the Authentication Code, visit http://dat.maryland.gov/verify

ARTICLES OF ORGANIZATION

The undersigned, with the intention of creating a Maryl Organization:	and Limited Liability Company files the following Articles	of
(1) The name of the Limited Liability Company is: Mike Anderson Photography, LLC (W22898910)		
(2) The address of the Limited Liability Company in Ma 1400 The Terrace, Hagerstown, MD, 21742	ryland is:	_
(3) In order to operate in Maryland, will the registering by the state or any other local agency? No	entity require a business or industry license that is issued	<u>—</u> І
(4) The Resident Agent of the Limited Liability Company Matthew S Johnston whose address is: 122 East Patrick Street, #103, Frederick, MD, 24701	24 AM HASSEE	
(5) Signature(s) of Authorized Person(s):	(6) Signature(s) of Resident Agent(s):	_
Matthew S Johnston	Matthew S Johnston	arrenar
(7) Filing party's name and return address: Matthew S Johnston, 122 East Patrick Street, #103, Frederick, MD, 21701	I hereby consent to my designation in this documen	ıt.

CHANGING Maryland for the Better

301 WEST PRESTON STREET, BALTIMORE, MARYLAND 21201-2395