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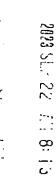
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

Division of Corporations		
SUBJECT: Marie Webb, LLC		
	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organizati	on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Marie Webb		
(Contact Person)	<del> </del>	
(Firm/Company)		
170 Meadow Ridge Dr. (Address)		
Tallahassee, FL 32312		
(City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
marie.r.webb@gmail.com		
E-mail Address: (to be used for future annual re-	port notifications)	
For further information concerning this man	tter, please call:	
Marie Webb	_at (	、591-5417
(Name of Contact Person)	_at (	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the l	nt: (All checks p United States)	rocessed by this office must be payable in US
S150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing and Certified Copy	
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

INHS11 (7/17)

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## Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

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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 Conver	miau ia.
мале учерр, РА	——·	sion is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
(Enter entity type. Example: corporation, limited partnership, general partnership,	common law or busine	ss trust, etc.
First organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. en		
April 9, 2021	lity, the name of the co	untry)
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Marie Webb, LLC	d Articles of Orga	nization:
(Enter Name of Florida Limited Liability Company)	<del></del> ·	
(The effective date: Cannot be prior to date of receipt or filed date nor more to 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, adocument's effective date on the Department of State's records.  5. The plan of conversion has been approved in accordance with all applicable states.	this date will not be list	·
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	appraisal rights the a	imount to
	<u> </u>	2025
	•	2029 St.
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Signed this 21th day of October	20 23
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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)

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The name of the L	me: .imited Liability Compa	ny is:	
Marie Webb, LLC	ust contain the words "Limited	Liability Company, "L.IC.," or "LLC.")	
ARTICLE II - Ac	ddress:	the principal office of the Limited Liability Compa	ıny is:
Principal Office A	Address:	Mailing Address:	
170 Meadow Ridge Tallahassee, FL 323		170 Meadow Ridge Dr. Tallahassee, FL 32312	
	Betive Florida registration.)	n Registered Agent. You must designate an individual or another	
•	Florida street address of Marie Webb	f the registered agent are:	
•	Marie Webb	f the registered agent are:  Name	
•	Marie Webb		
•	Marie Webb		
•	Marie Webb	Name	
•	Marie Webb  170 Meadow Ridge Dr. Florida street address	Name s (P.O. Box NOT acceptable)	

M. MMS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Marie Webb
	170 Meadow Ridge Dr.
	Tallahassee, FL 32312
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
•	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	ol A
LE V: Other provisions, if any.	elb
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware to ment to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fellower.
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fellower.
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  Marie  Ty	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellows.  Output  Deed or printed name of signce  Filing Fees
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  Marie  Ty	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes a third degree fellows with the Department of State constitutes and the Department of State constitutes a third degree fellows with the Department of State constitutes and the Department of State constitutes a

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