(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: 04,26123
W23000U40237

Office Use Only



000403182140

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March 24, 2023

PAULA BARNETT 99 S NEW YORK AVE WINTER PARL, FL 32789 US

SUBJECT: FUTUROCITY, LLC Ref. Number: W23000040237

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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 023A00006828

## **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations	
SUBJECT: Futurocity, LLC	
(Na	ne of Resulting Florida Limited Company)
	n, Articles of Organization, and fees are submitted to convert an "Other nited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence co	ncerning this matter to:
Paula Barnett	
(Contact Perso	on)
Pino Law PLLC	
(Firm/Compa	iy)
99 S. New York Ave.	
(Address)	
Winter Park, FL 32789	
(City, State and Zi	p Code)
pbarnett@pinonicholsonlaw.com	
E-mail Address: (to be used for future	annual report notifications)
For further information concerning	this matter, please call:
Paula Barnett	at (407 )425-7831
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located	ng amount: (All checks processed by this office must be payable in US I in the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Fili and Certificate Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tailahassee, 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 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.

Futurocity, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (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)
11/30/2022 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Futurocity, 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 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 24th day of February	20 <u></u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:  Printed Name: Shelly Cofini	Title: Manager	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Printed Name: Shelly Cofini	Title: President	<del>-</del>
Signature:Printed Name:	Title:	<b>-</b>
Signature:Printed Name:		_
Signature:Printed Name:	Title:	_ _
Signature: Printed Name:		-
Signature:Printed Name:	Title:	_ _
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer.	
If Directors or Officers have not been selected, an Inc		<b>20</b> SE
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	TORE TO
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	25 P
All others: Signature of an authorized person.		PH 3:46
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:		
Futurocity, LLC	_	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "Li.C.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Comp	pany is
Principal Office Address:	Mailing Address:	
1 South Orange Ave.	1 South Orange Ave.	
Suite 200	Suite 200	
Orlando, FL 32801	Orlando, FL 32801	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual and another APR egistered agent are:	T
Ken Discipio	5 PX Y OF ASSEE	
Name	STATE STATE	O
1 South Orange Ave., Suite 20	00 FE 6	
Florida street address (P.O.		
Orlando	FL 32801	
City	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

4 13		**	
ΑК	 t.i	. H.	IV-

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	
MGR	Shelly Cofini
	1 South Orange Ave., Suite 200
	Orlando, FL 32801
<del></del>	
(Use attachment if necessary)	APR 26 RETAR)
(Ose attachment if necessary)	
	S N
CLE V: Other provisions, if any.	
TCLE V. Other provisions, if any.	# # # # # # # # # # # # # # # # # # #
·	
DECLIDED CLCNATUDE.	
REQUIRED SIGNATURE:	EDW ATT OF DATE, MY VAN AND
	The control of the co
	an authorized representative of a member
	e with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	mient to the Department of State constitutes a tiffe degree relong
·	
Shelly Cofini	
Ту	ped or printed name of signee
	Filing Fees

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