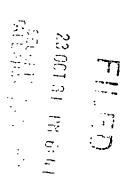
# L23000497058

(Requ	estor's Name)	<del>-</del>
(Addre	ess)	<del></del>
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
	Office Use Only	



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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: L 3 M LLC	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees Business Entity" into a "Florida Limited Liability Company" in accorda	are submitted to convert an "Other ince with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:	
Jennifer Cullen (Contact Person)  L 3 M LLC (Firm/Company)	
(Firm/Company)	23
114 Gimpy Gulch Dr.	
Islamorada, FL 33036 (City. State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
(City, State and Zip Code)	PR 6: 4:
E-mail Address: (to be used for future annual report notifications)	jä <u>f</u>
For further information concerning this matter, please call:	
Jennifer Cullen at (914) 571- (Name of Contact Person) (Area Code) (Daytime T	-4404 'elephone Number)
Enclosed is a check for the following amount: (All checks processed by	
dollars and drawn on a bank located in the United States)	
(\$25 for Conversion and Certificate of and Certified Copy Cert	185.00 Filing Fees. ified Copy, and ificate of Status
P.O. Box 6327 The Centre	

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 Limited Inc	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	rship, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U	LS. entity, the name of the country)
on 2/13/2023 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the att	ached Articles of Organization:
L3M 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 methodate 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 requiren document's effective date on the Department of State's records.	nore than 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicab	le statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members ha which such members are entitled under ss. 605,1006 and 605,1061-605,1072	

Signed this 27 day of October	20 <b>_23</b>		
Signature of Authorized Representative of Limite	ed Liability Company:		
Signature of Authorized Representative: Jun. Printed Name: Jenn. Fee Culler	Au Callen Tile: Owner		
Signature(s) on behalf of Other Business Entity: [S			
Signature: Junafu Colles Printed Name: Jennifer Cullen	Title: President	-	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:			
Signature:Printed Name:	Title	-	
			antd
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	W.1		£ 1
Printed Name:	_ Title:	PR 6:41	J
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	Officer. orporator must sign.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Lin	nited Liability (	Company is:				
	L 3 M	LLC.				
(Mus	t contain the words."	Limited Liability	Company, "L.	L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		ess of the prin	ncipal offic	e of the Limited	Liability Compar	ıy is:
Principal Office Ac	ldress:		Mailing A	Address:		
114 Gim Islamor	Py Gulch ada, FL :	<u>Dr.</u> 3 3036		4 Gimpy Slamora Ho	Gulch Dr y FL 330.	, 36
ARTICLE III - Re (The Limited Liability Cor- business entity with an ac	npany cannot serve a	as its own Register	Office, & 1 red Agent. You	Registered Ager a must designate an in	it's Signature:	
The name and the F	lorida street add	lress of the reg	gistered ag	ent are:	्र - व	
-	Je.	nnifer Name	Cull	en_	6: L	
-		Gimpy				
	Florida street a	iddress (P.O.	Box <u>NOT</u>			
	Islam	orada	FL	33036		
	(	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)

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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  M GR	Jennifer Collen 114 Gimpy Golch Dr. Islamorada, FL 3303
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1 G
- Jemps Ca	
This document is executed in accordance any false information submitted in a document 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 that the the Department of State constitutes a third degree felor
Jenni F	ped or printed name of signee
Typ	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent