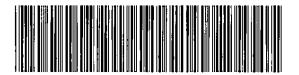
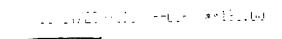


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only







COVER LETTER

TO: New Filing Sec Division of Con	morations			
SUBJECT:	Happie	est Mo	Company)	
	(Name of Resi	ulting Florida Limited	Company)	
			, and fees are submitted to conver n accordance with s. 605.1045, F.	
Please return all corres	pondence concerning	g this matter to:		
T:Nd	(Contact Person)	r w in	14C 327 192 15.com	
	ppirst	Movers		
2431 AI	(Firth/Company)	- Svit	327	
Winter	Park, F	L 32	792	
E-mail Address: (to be	ty, State and Zip Code)	+ Move	15, C ~ M	
For further information			-	
	Irwin	_at (509)	362-1316, (Daytime Telephone Number)	
Enclosed is a check for dollars and drawn on a			cessed by this office must be paya	ble in US
(\$25 for Conversion	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addre			reet Address:	
New Filing Sec Division of Co			ew Filing Section ivision of Corporations	
P.O. Box 6327			ne Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common aw or business trust, etc.)
First organized, formed or incorporated under the laws of Washington (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on $08/03/21$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Happies + Movers LLC (Enter Name of Florida Limited Liability Company)
(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 inscreed 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 appraise rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
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Signature of Authorized Representative of Lin	
Signature of Authorized Representative: Tive Printed Name: Tim Of 79 Truin	entry Iswin
Printed Name: The Office Coming	Title Bull r
1111	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Town of the True	· ·
Printed Name: 13 mg of 1	a Title: OWNT
Timed Italia.	<u> </u>
Signature:	
Printed Name:	Title:
Ciomatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
	· ·
Signature:	
Printed Name:	Title:
If Florida Corporation:	•
Signature of Chairman, Vice Chairman, Director, o	or Officer.
If Directors or Officers have not been selected, an	incorporator must sign.
If Floride Company Postmoughin on Limited Ligh	ility Daytnarshin
If Florida General Partnership or Limited Liab Signature of one General Partner.	mty rarthership.
organization of the deficient random	
	ility Limited Partnership:
If Florida Limited Partnership or Limited Liab	
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	
Signatures of ALL General Partners.	
Signatures of ALL General Partners. All others:	
Signatures of ALL General Partners.	
Signatures of ALL General Partners. All others:	
Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	\$25.00
Signatures of ALL General Partners. All others: Signature of an authorized person. Fccs: Articles of Conversion:	\$25.00 • \$125.00
Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Happiest	Mouris	CLC	
(Must contain the words "Li	imited Liability Company,	"L.L.C.," or "LLC.")	- <u>-</u> .

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Winter Park, Ft 327927	Winter Park H 22792
ARTICLE III - Registered Agent, Registered The Limited Limility Company cannot serve as its own Registe	
business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
T: nothy	Irwin

Mailing Address:

Name

243 | Aloma Ave Svite 327

Florida street address (P.O. Box NOT acceptable)

Wintro Park FL 32792

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)

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Timothy Turis
1.0	SH31 Rlong AVI SUIT
	Winter Park Fl. 3279
	
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	-
(Use attachment if necessary)	-
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	and the state of a manch of
This document is executed in accordance to	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docume as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felony
<u> </u>	Frothy Irwin
1	

ARTICLE IV-

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)