L23000522790

(R	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO: New Filing S Division of C					
Popper	Jewelry LLC				
SUBJECT:	(Name of Res	sulting Florida Limit	ed Company)		
	es of Conversion, Artico a "Florida Limited Li	les of Organization	on, and fees ar		
Please return all corr	respondence concernin	g this matter to:			
May Gonzalez					
MGR Accounting LLC	(Contact Person)				
4129 Targee Ave	(Firm/Company)				
North Port, FL 3428	(Address)				
may.mgrllc@gmail.co	City, State and Zip Code)				
E-mail Address: (to	be used for future annual re	port notifications)			
For further informat	ion concerning this ma	tter, please call:			
May Gonzalez		941 at (416-2984		
(Name of Cont	act Person)	_ `	(Daytime Tele	phone Number)	
	for the following amous a bank located in the		ocessed by th	is office must be	payable in US
☑ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	z Certified	.00 Filing Fees, d Copy, and ate of Status	
Mailing Add New Filing S Division of C P.O. Box 632	Section Corporations		Street Addrest New Filing Se Division of Co The Centre of	ection orporations	

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 <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.

Popper Jewelry LLC (Enter Name of Other Business Entity)	·
Limited Liability Company	
· · · · · · · · · · · · · · · · · · ·	
2. The "Other Business Entity" is a	State.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S, entity	, the name of the country)
03/23/2018	
on	
(out or organization, remained or interpolation,	
3. The name of the Florida Limited Liability Company as set forth in the attached <i>E</i> Popper Jewelry LLC	Articles of Organization:
(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 that	in 90 calendar days after
the date this document is filed by the Florida Department of State.)	The Ministry of the American
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statut	es.
 The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. 	oraisal rights the amount to
	5' ~
	2023 h
	2028 NO. 20
	~ ^\

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF	ORGANIZATION FO	OR FLORIDA LIMITE	D LIABIL	HY CO	MPANY
ARTICLE I - N The name of the	Name: Limited Liability Comp	oany is:			
Popper Jewelry L	LC	d Liability Company, "L.L.C.," or	"LLC.")		-
		c buomy company. Balen of			
ARTICLE II - The mailing add		f the principal office of the	e Limited L	iability C	Company is:
Principal Offic	e Address:	Mailing Address	s:		
4584 DEL SOL B		<u>4584 DEL SOL BL</u> SARASOTA, FL 3			-
57117100777,72	0.12.10		,2,0		
(The Limited Liabilit business entity with	y Company cannot serve as its or an active Florida registration.)	tistered Office, & Register with Registered Agent. You must despite the registered agent are:	signate an indiv		
	MOIT Accounting LEO	Name			
	4129 Targee Ave				
		ss (P.O. Box <u>NOT</u> accepta	ıble)		
	North Port	34287 FL			
	City	Zip			
liability co registered age statutes rela	mpany at the place design out and agree to act in this ting to the proper and con	nt and to accept service of protected in this certificate, I he scapacity. I further agree on the protection of my and as registered agent as protection.	rreby accept to comply w luties, and I	t the appo ith the pr am fami	ointment as vovisions of all liar with and
	Registered Agen	t's Signature (REQUIRED))		
	(CC	ONTINUED)			2023 NO+ 20
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMDD" — Amthonized Massics	
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Wilber Carrazana
	4584 DEL SOL BLVD S
	SARASOTA, FL 34243
	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Wilber Carrazana	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am awnent to the Department of State constitutes a third degre
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Wilber Carrazana	with section 605.0203 (1) (b). Florida Statutes. I am aw nent to the Department of State constitutes a third degre ped or printed name of signee
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Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Wilber Carrazana Typ	with section 605.0203 (1) (b). Florida Statutes. I am awner to the Department of State constitutes a third degree ped or printed name of signee Filing Fees f Organization and Designation of Register
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Signature of a member or any false information submitted in a docur as provided for in s.817.155, F.S. Wilber Carrazana Type \$125.00 Filing Fee for Articles or	with section 605.0203 (1) (b). Florida Statutes. I am awner to the Department of State constitutes a third degree ped or printed name of signee Filing Fees f Organization and Designation of Register
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Wilber Carrazana Typ	with section 605.0203 (1) (b). Florida Statutes. I am awment to the Department of State constitutes a third degree ped or printed name of signec Filing Fees f Organization and Designation of Register al) \$ 5.00 Certificate of Status (Op