L7300536771

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

Division of C					
SUBJECT: Blended	World Group LLC				
		ulting Florida Limit	ed Con	npany)	
	-	~		d fees are submitted to convert an "Cocordance with s. 605,1045, F.S.	Othe
Please return all corre	espondence concerning	g this matter to:			
Claudia Umana					
	(Contact Person)	,	-		
Blended World Group	LLC		_		
	(Firm/Company)				
770 Claughton Island I	Orive Apt 907				
	(Address)				
Miami, FL 33131					
((City, State and Zip Code)		•		
cumana@blendedworl	dgroup.com				
E-mail Address; (to b	e used for future annual re	port notifications)	_		
For further information	on concerning this ma	tter, please call:			
Claudia Umana		_at (<u>847</u>	×8474	017259	
(Name of Conta	ct Person)	_at (time Telephone Number)	
	or the following amou a bank located in the		rocess	sed by this 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		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, 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 the Articles of Conversion is: Blended World Group LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Illinois
(Enter state, or if a non-U.S. entity, the name of the country)
on 06/16/2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Blended World Group LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/2024
(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 1 day of November	20 23
Signat	ture of Authorized Representative of Lin	nited Liability Company:
Signat	ure of Authorized Representative:	MICH GMOW)
Printed	Name: Claudia Umana	Title Manager
Signat	ture(s) on behalf of Other Business Entity:	[See below for required signature(s)]
	ure: Jeuda Chrang	• • • • • • • • • • • • • • • • • • • •
Signat	ure:	No.
Printed	Name: Claudia Umaria	Title: Manager
Signati	ure:	
Printed	l Name:	Title:
Signat	ure:	
Printed	ure:i Name:	Title:
	ure:	
Printed	l Name:	Title:
1111100		1100.
Signati	ure:	
Printed	d Name:	Title:
Cionati	NEO.	
Printed	ure:i Name:	Title
Timec	Tranc	Title.
	rida Corporation:	
_	ure of Chairman, Vice Chairman, Director, o	
If Dire	ectors or Officers have not been selected, an I	ncorporator must sign.
If Dar	rida General Partnership or Limited Liabi	ility Partnership.
	ure of one General Partner.	my rai incisiip.
	<u>ida Limited Partnership or Limited Liabi</u>	lity Limited Partnership:
Signati	ures of <u>ALL</u> General Partners.	
All oth	nare.	
	ure of an authorized person.	
<u>Fees:</u>		,
		205.00.1
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organization:	. /
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ıp LLC	
(Mu	ist contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres	•	he principal office of the Limited Liability Company is:
Principal Office A	Address:	Mailing Address:
770 Claughton Islan Miami, FL 33131	d Dr. Apt 907	770 Claughton Island Dr. Apt 907 Miami, FL 33131
business entity with an a	active Florida registration.) Florida street address of	Registered Agent. You must designate an individual or another the registered agent are:
	Claudia Umana	Name
	•	vanie
	770 Claughton Island Dr.	
		(P.O. Box <u>NOT</u> acceptable)
	Florida street address	(P.O. Box <u>NOT</u> acceptable)

(CONTINUED)

ARTICLE 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	Claudia Umana		
	770 Claughton Island Dr. Apt 907		
	Miami, FL 33131		
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
(Use attachment if necessary) CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
	Gardin Gunny		
This document is executed in accordance	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes, I am aware the nument to the Department of State constitutes a third degree felor		
Claudia Umana			
T	yped or printed name of signee		
	Filing Fees		

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)