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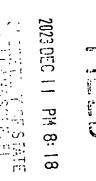
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12/11/23--01038--012 **150.00



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LO JO Bands (Name of Resi	Ilting Florida Limited Company)
	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Loura Fawzi (Contact Person) Lo Jo Bands LLC (Firm/Company)	
9734 Satty Bay Dri	1C
Duray Blach, FL 334 (City, State and Zip Code) info@ Djobands. E-mail Address: (to be used for future annual rep	
For further information concerning this mate	
Lawra Fawzi (Name of Contact Person)	at (561) 114 4454 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$150.00 Filing Fees and Certificate of Status	S180,00 Filing Fees and Certified Copy and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, 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 <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: Lo Jo Bands, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Orporation</u> (S-ORP) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Maryland (Enter state, or if a non-U.S. entity, the name of the country)
on 1612112015 (Became Scope On 1/112020) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Lo Do Bands, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12224. (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 5th day of December	_20 <u>_23</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Representative: Printed Name: LAWFA FAWZI	A: _Title: (o-FONYIDLY
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Julia Harris	Title: Co-Foundly
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
6'	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rificed Name.	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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 1 - Name: The name of the Limited Liability Company is:
Lo Jo Bands LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
9734 Saity Bay Drive 9734 Saity Bay Drive Delray Beach, FL 3344C
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Laura Fawzi Name
9734 Salty Bay Drive Florida street address (P.O. Box NOT acceptable) Delray Beach FL 33446 City Zip
Having been named as registered agent and to accept service of process for the above stated limite 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 a 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 (REOLIRED)

(CONTINUED)

ARTICLE IV-	
The name and address of each person	authorized to manage and control.

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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	1 T
AMBR	Laura Fawel
	9734 Salty Ray Drive
	Delray Beach FL 33446
MAN A PZ O) 1:- 11- (n)C
AMBR	Julia Harris
	45 Sutton Square SW Unit 6
	Maryington Dc 30024
	·
	
	
	
	-
(Use attachment if necessary)	
(Ose attachment if necessary)	
TCLE V: Other provisions, if any.	
TCDE V. Other provisions, it any.	
REQUIRED SIGNATURE:	Λ
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Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes. I am aware that
	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	•
laire	a Fawli
Ty	7 Fawll ped or printed name of signee
•	Filing Fees
D4 # # 0.0 *3*** ** 4	of Organization and Designation of Registered Agent