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COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|--------------------------------------|--|---------------------|
| Suzie Ray LLC - updated form/payme | ent has already beer | sent and received to you | |
| SUBJECT: (Name of Res | ulting Florida Limit | ed Company) | |
| The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li | | | |
| Please return all correspondence concerning | g this matter to: | | |
| Suzanne Ray | | | |
| (Contact Person) Suzie Ray LLC | | | |
| (Firm/Company) 4275 Wood Ride Rd Unit E | | | |
| (Address) Boynton Beach, FL 33436 | | | |
| (City, State and Zip Code) suzierayyoga@gmail.com | ···· | | |
| E-mail Address: (to be used for future annual re | port notifications) | | |
| For further information concerning this ma | tter, please call: | , | |
| Suzanne Ray | 812 at (| 6063009 | |
| (Name of Contact Person) | | (Daytime Telephone Number) | |
| Enclosed is a check for the following amou dollars and drawn on a bank located in the | int: (All checks p United States) | rocessed by this office must be | páýab 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 | | LED ARY OF STATI |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 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: Suzie Ray LLC |
|---|
| (Enter Name of Other Business Entity) |
| Suzie Ray LLC |
| 2. The "Other Business Entity" is a |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. Indiana |
| First organized, formed or incorporated under the laws of |
| First organized, formed or incorporated under the laws of |
| April 12th, 2021 |
| on . |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Suzie Ray LLC |
| (Enter Name of Florida Limited Liability Company) 11/7/2023 |
| 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 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 2nd day of November | 20 |
|--|-------------------------------------|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| | |
| Signature of Authorized Representative: | - W. (27) |
| Signature of Authorized Representative: Suzanne Ray | Title: |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: Susmi Ray | |
| Printed Name: Suzanne Ray | Title: 600 (2) |
| Fillred Name. | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Timed Wante. | Title. |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer, |
| If Directors or Officers have not been selected, an Ir | ncorporator must sign. |
| If Florida General Partnership or Limited Liabil | ity Partnershin: |
| Signature of one General Partner. | ity ratiocising. |
| • | |
| If Florida Limited Partnership or Limited Liabil | ity Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| Digital de di di dallioniza person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| / is: |
|---|
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| |
| ability Company, "L.L.C.," or "LLC.") |
| e principal office of the Limited Liability Company is: |
| Mailing Address: |
| 4275 Wood Ride Unit E |
| Boynton Beach, FL 33436 |
| ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another he registered agent are: |
| ame |
| |
| P.O. Box NOT acceptable) |
| 33436 FL |
| Zip SEOT SETA |
| nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 603, F.S |
| |

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

| A X A D D T == | Name and Address: |
|---|--|
| AMBR" = Authorized Member MGR" = Manager | |
| Wildix Wildinagei | Suzanne Ray |
| | r, CEO, MGR |
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| Use attachment if necessary) | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | wesman Ray |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance. | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware timent to the Department of State constitutes a third degree from the section of the degree from the degree from the section of the degree from the deg |
| Signature of a member or This document is executed in accordance any false information submitted in a document is a document in | |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Suzanne Ray | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware |