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	(Red	questor's Name)		
	(Add	dress)		
	(Add	dress)		
	(City	y/State/Zip/Phor	e #)	
PICK-	.UP	TIAW	MAIL	
	(Bu	siness Entity Na	me)	
	(Do	cument Number)	
Certified Copies _		_ Certificate	s of Status	
Special Instruction	ons to	Filing Officer	<u> </u>	

Office Use Only



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103 DEC 22 PM 12: 32
2023 DEC 22 AH
2023 DEC 22 AH

COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT:	Flaviola State (Name of Res	Energy LLC ulting Florida Limited Con	npany)	-
		-	d fees are submitted to eccordance with s. 605.1	
Please return all corre	spondence concerning	g this matter to:		
Br-Hon-	Smith (Contact Person)			
	(Firm/Company)			
2709 Timber	Steve St. (Address)			
St. Claud, FL	134771 ity, State and Zip Code)			
BrytonS	mith @ Mail con used for future annual re	<u> </u>		
For further information	n concerning this ma	tter, please call:		
Briton So (Name of Contact		at (80\) 8	79 - 8313 etime Telephone Number)	-
Enclosed is a check for dollars and drawn on			sed by this office must b	pe payable RUS
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	C 22 AH 3: AHASSEE, F
Mailing Addr			t Address:	3:37 STATE
New Filing Se Division of Co			Filing Section ion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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.

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
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, fimited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Flor, dec (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 12/28/2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Florida State Every 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: 12/72/2023.
(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.)
<u>Note:</u> 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 22 day of Iccember	20 <u>23</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: States South	LST
Printed Name: Be- Smith	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Life Market	
Printed Name: Bryton smith	Title: Besident
Signature	·
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	Title.
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnorchin
Signature of one General Partner.	ty running.
TERRO TO TAKE A DESCRIPTION OF THE PARTY OF	A T CA I D. According
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
C901 TPC Dr. Suite 650 Orlando FL 32822 Orlando FL 32822
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:
Bites Smith Name
7709 Timbergrove St Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Soint Claud FL 34771 City Zip
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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Bryton Smith 7709 Timber grove St St. Claud, FL 34771
(Use attachment if necessary)	SEC TA
ICLE V: Other provisions, if any.	DEC 22 AM
REQUIRED SIGNATURE:	STATE E.FL
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Ту	ped or printed name of signee 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)