# L24000010600

(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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12/18/23--01033--023 \*\*150.00



### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: NEXT CHAPTER VISION LLC (Name of Resulting Florida Limited Company)					
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.					
Please return all correspondence concerning this matter to:					
JANINE MILETIC (Contact Person)					
(Firm/Company)  4444 N FLAGLER DR APT 802  (Address)  WEST PALM BEACH, FL, 33407  (City. State and Zip Code)  NEXT CHAPTER VISION @ GMAIL.COM  E-mail Address: (to be used for future annual report notifications)	17				
For further information concerning this matter, please call:					
TANINE MILETIC at (513) 807-2987  (Name of Contact Person) (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)					
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)   ■ \$155.00 Filing Fees and Certified Copy    \$185.00 Filing Fees,   Certified Copy, and   Certificate of Status					
Mailing Address:  New Filing Section  New Filing Section					

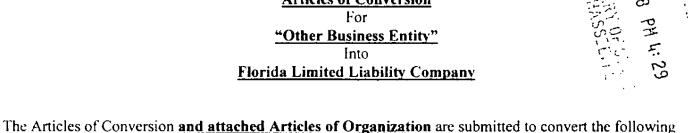
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Conversion**

"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: NEXT CHAPTER VISION LLC
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a \_\_\_\_\_\_L\_C (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) (Enter state, or if a non-U.S. entity, the name of the country) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: NETT CHAPTER VISION LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: DECEMBER 14, 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.) 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 22 nd day of NOVEMBER	20 23				
Signature of Authorized Representative of Limi					
Signature of Authorized Representative:  Printed Name: ANINE MILETIC	Title: SOLE MEMBER	-			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature: MM MA  Printed Name: SANINE MILETIC	Title: SOLE MEMBER	•			
Signature:Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature:Printed Name:		تب ث			
Signature: Printed Name:	Title:	DEC 18	,		
Signature:Printed Name:	Title:	(7) 3	1 197 2 1 7 2 1 7 2 2 2		
If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
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 I - Name: The name of the Limited Liability Company is:
The name of the Billing Blacking Company is.
NEXT CHAPTER VISION 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:
4444 N FLAGLER DR APT 802 WEST PALM BEACH FLORIDA, 33407 FLORIDA, 33407
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:  ANINE MILETIC
Name Name
Name  4444 N FLAGLER DR APT 802  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
WEST PALM BEACH FL 33407  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)

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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 AMBR	JANINE MILETIC			
	4444 N FLAGLER DR APT 802 WEST PALM BEACH, FL, 33407			
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(Use attachment if necessary)				
(Ose diagrament if necessary)	· võ			
ADTICLE V. Other provisions if any				
ARTICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:	<b>A A</b>			
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6: 1				
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that			
any false information submitted in a document	ment to the Department of State constitutes a third degree felony			
as provided for in s.817.155, F.S.	- A			
DANINE	ped or printed name of signee			
Ty				
	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)