## していいいいいろう

(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:

Office Use Only



600420657006

12/21/23--01025--003 \*\*150.00



### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Stay Mellow, LLC			
Bebare 1:	Resulting Florida Limit	ed Company)	_
The enclosed Articles of Conversion, As Business Entity" into a "Florida Limited			
Please return all correspondence concer-	ning this matter to:		
Michael De Biase, Esq.			
(Contact Person)			
Tobin, Reyes, Alvarez & De Biase, PLLC			
(Firm/Company)			
225 N.E. Mizner Boulevard, Suite 510			
(Address)			
Boca Raton, Florida 33432			
(City, State and Zip Cod	le)		
mdebiase@tobinreyes.com			
E-mail Address: (to be used for future annua	ıl report notifications)		
For further information concerning this	matter, please call:		
Michael De Biase, Esq.	at (561	)620-0656	_
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following an dollars and drawn on a bank located in t	he United States)	_	be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  □ \$155.00 Filing Fee and Certificate of Status	es		EC 21
Mailing Address:  New Filing Section  Division of Corporations		Street Address: New Filing Section Division of Corporations	PM 1: 33

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.

Stay Mellow, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
December 14, 2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Stay Mellow, LLC
(Enter Name of Florida Limited Liability Company)
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

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 22nd day of December	20_23
Signature of Authorized Representative of Lin	
Signature of Authorized Representative:	(1)
Signature of Authorized Representative:	With a sized Bases and attice
Printed Name: Michael De Biase	Pitte: Authorized Representative
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Michael De Blase	
Printed Name: Michael De Blase	Title: Authorized Representative
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cimatura	
Signature:Printed Name:	Tida
Frinted Name.	Title.
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	
If Directors or Officers have not been selected, an I	ncorporator must sign.
If Florida General Partnership or Limited Liabi	lity Partnership:
Signature of one General Partner.	
16 Photol 1 Contact Days 12 12 12 12 14 15 17	Pa 1
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	my Limited Partnersmp:
Signatures of ALL General Farmers.	
All others:	
Signature of an authorized person.	
orginature of an auditorized 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

Stay Mellow, LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
4167 Main Street	4167 Main Street
Jupiter, FL 33458	Jupiter, FL 33458
	Registered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)
The name and the Florida street address	ss of the registered agent are:
Tobin, Reyes, Alvar	rez & De Biase, PLLC
	Name
225 N.E. Mizner Bo	ulevard, Suite 510
Plantila assess add	lress (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated that 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.

FL

33432

Zip

Registered Agents Signature (REQUIRED)

Boca Raton

City

(CONTINUED)

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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	
MGR	Romie Chaudhari
<del>-</del>	4167 Main Street
	Jupiter, FL 33458
	<del></del>
**	
<del></del>	
(Use attachment if necessary)	
(252 4	
LE V: Other provisions, if any.	
sis vi caner provisions, it uny.	

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 any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817.155. F.S.

Michael De Biase, Authorized Representative of a Member

Typed 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)