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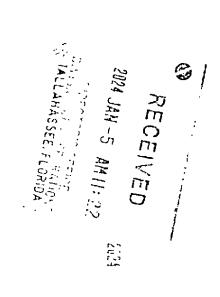
	(Requestor's Name)
	(Address)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED CONVERSION FOR:

JOJAN, LLC

PLEASE RETURN A CERTIFIED COPY

CHECK: #9814

AMOUNT: \$180.00

THANK YOU



January 12, 2024

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: JOJAN, LLC

Ref. Number: W24000003782

We have received your document for JOJAN, LLC. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 924A00000732

* RESUBNITIONS

4:5 2024 JAN 18 PM 2:35

COVER LETTER

TO: New Filing Section

P.O. Box 6327

Tallahassee, FL 32314

(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status	Division of C	orporations				
(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: Andrew R. Comiter, Esq. (Contact Person) Comiter, Singer, Baseman & Braun, LLP (Firm/Company) 3825 PGA Blvd, Suite 701 (Address) Palm Beach Gardens, FL 33410 (City, State and Zip Code) corporate@comitersinger.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Andrew R. Comiter, Esq. (Name of Contact Person) 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) S150.00 Filing Fees and Certificate of Status Mailing Address: Street Address: Street Address:	SURJECT: JOJAN, I	LLC				
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(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status of Organization) Mailing Address: Street Address:			•	rocess	sed by this office must be payable in	US
	\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of			Certified Copy, and	
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Division of Corporations Division of Corporations						

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

(Enter Name of Oth	ner Business Entity)
2. The "Other Business Entity" is a corporation	limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under th	re laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
4/20/1994 effective as of 4/19/1994 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Co	ompany as set forth in the attached Articles of Organization:
JOJAN, LLC	
(Enter Name of Florida Limi	ited Liability Company)
4. If not effective on the date of filing, enter the	e effective date:
(The effective date: Cannot be prior to date o the date this document is filed by the Florida	f receipt or filed date nor more than 90 calendar days after
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed as the ecords.

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

Signed this 15t day of Jar	20 24 .
Signature of Authorized Representat	ive of Limited Liability Company:
Signature of Authorized Representative Printed Name: Joseph S. Mullings	
Signature(s) on behalf of Other Busine	ss Entity: [See below for required signature(s)]
Signature:	
Printed Name: Joseph S. Mullings	Title: President
Signature:	Title:
Filited Name.	Title.
Signature:	
	Title:
0.	
Signature:	Title:
rtinted Name.	True.
Signature:	
Printed Name:	Title:
61	
Signature:	Title:
Timed Name.	Titte.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, I	
If Directors or Officers have not been sel	ected, an Incorporator must sign.
If Florida General Partnership or Lim	ited Liability Partnership
Signature of one General Partner.	neu Liability Partnership.
If Florida Limited Partnership or Lim Signatures of <u>ALL</u> General Partners.	ited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
JOJAN, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
190 Congress Park Drive	190 Congress Park Drive
Suite 210	Suite 210
Delray Beach, FL 33445	Delray Beach, FL 33445
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's Signature:
business entity with an active Florida registration.)	The region. The mast designate an marriage of allome.
The name and the Florida street address of the re	suistered agent are:
	P-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
Joseph S. Mullings	
Name	
190 Congress Park Drive, Suite	210
Florida street address (P.O.	
•	,
Delray Beach	FL 33445
City	Zip
Having been named as registered agent and to	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	ty. I further agree to comply with the provisions of all
	erformance of my duties, and I am familiar with and
accept the obligations of my position as regi	istered agent as provided for in Chapter 605, F.S.
(N	
Pagistared Audat'd Sinne	atura (PEOLIIPED)

(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	
MGR	Joseph S. Mullings
	190 Congress Park Drive, Suite 210
	Delray Beach, FL 33445
	<u></u>
	
(Han attack many if annual)	
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
KTICLE V. Other provisions, it any.	
REQUIRED SIGNATURE:	1 X /
	1/4
·	-\
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 docum	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	·
Joseph S. Mullings, Manager	
	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)

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