# L24000088340

(Requestor's Name)
(requester o risine)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chury Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

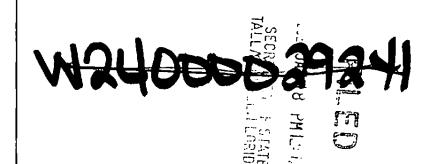




300421878533

01/18/24--01010--007 \*\*185.80

SECRETATION F STATE



## **Articles of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with 8.605.1045, Florida Statutes.

/ hoter	nt Jewelry E-Commerce, Inc.
(1,110)	Name of Other Business Entity)
2. The "Other Business Entity" is a	Corporation corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporate	ed under the laws of Florida - P2300078 & (Enter state, or if a non-U.S. entity, the name of the country)
on 11/07/23	
(date of organization, formation or incorp	poration)
3. The name of the Florida Limited L	Liability Company as set forth in the attached Articles of Organization:
Provident	Jewelry E-Commerce, LLC
(Enter Name of	Florida Limited Liability Company)
	g, enter the effective date:
(The effective date: Cannot be prior the date this document is filed by th	r to date of receipt or filed date nor more than 90 calendar days after
	not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been ap	oproved in accordance with all applicable statutes.
	Entity" has agreed to pay any members having appraisal rights the amount to ider ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 4th	day of Jimuny	<u> </u>
Signature of Auth	orized Representative of	Limited Liability Company:
Signature of Autho Printed Name:	rized Representative: Robert Samuels	Title: Manager
Signature(s) on bel	half of Other Business En	tity: [See below for required signature(s)]
Signature:	4/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	
Printed Name:	Robert Samuels	Title: President, Secretary, Treasurer
Printed Name:		Title:
Signature:Printed Name:		Title:
		Title:
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
	ntion: nan, Vice Chairman, Direct ters have not been selected,	
If Florida General Signature of one Ge	Partnership or Limited Leneral Partner.	iability Partnership:

All others:
Signature of an authorized person.

Signatures of ALL General Partners.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

If Florida Limited Partnership or Limited Liability Limited Partnership:

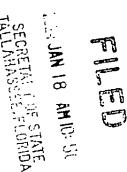
\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nam The name of the Lin	e: nited Liability Company i	s:		
				·
(Mus	Provident Jewelry l contain the words "Limited Liabi			<u> </u>
ARTICLE II - Add	lress:			nited Liability Company is
Principal Office Ac	idress:	Mailing	g Address:	
331 Clematis Str	reet	331	Clematis Stree	rt.
West Palm Beac	h, FL 33401	Wes	t Palm Beach,	FL 33401
(The Limited Liability Corbusiness entity with an ac	gistered Agent, Registere npany cannot serve as its own Reg tive Florida registration.) Iorida street address of the	istered Agent.	You must designate	
	Joseph D. S.	achs, CPA		_
	Nar	ne		
	200 South Par	k Road, Ste	301	
	Florida street address (P.	O. Box <u>NO</u>	T acceptable)	•
	Hollywood	FL	33021	
•	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)



A	D	TI		II	F 1	W	
	п		N.,	1.	Г. І	ı v	•

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

MBR" = Authorized Member IGR" = Manager MGR	Robert Samuels			
	Robert Samuels			
MGR	Robert Samuels			
	331 Clematis Street			
	West Palm Beach, FL 33401			
<del></del>				
	<del></del>			
<del></del>				
se attachment if necessary)				
se attacimient ii ticcessary)				
EQUIRED SIGNATURE:				
SOURCE SIGNATURE.	di Jilini			
St S	authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am aware the			
This document is executed in accordance wi my false information submitted in a document	nt to the Department of State constitutes a third degree telo			
This document is executed in accordance wi				
This document is executed in accordance with the information submitted in a document is provided for in s.817.155, F.S.	Robert Samuels			
This document is executed in accordance with the information submitted in a document is provided for in s.817.155, F.S.	Robert Samuels d or printed name of signee			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types	Robert Samuels d or printed name of signee Filing Fees			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types  \$125.00 Filling Fee for Articles of (	Robert Samuels  d or printed name of signee  Filing Fees Organization and Designation of Registered A			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types	Robert Samuels  d or printed name of signee  Filing Fees Organization and Designation of Registered A			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types  \$125.00 Filling Fee for Articles of (	Robert Samuels  d or printed name of signee  Filing Fees Organization and Designation of Registered A			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types  \$125.00 Filling Fee for Articles of (	Robert Samuels  d or printed name of signee  Filing Fees Organization and Designation of Registered A  \$ 5.00 Certificate of Status (Optional)			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types  \$125.00 Filling Fee for Articles of (	Robert Samuels  d or printed name of signee  Filing Fees Organization and Designation of Registered As  \$ 5.00 Certificate of Status (Optional)			
This document is executed in accordance with the false information submitted in a document is provided for in s.817.155, F.S.  Types  \$125.00 Filling Fee for Articles of (	Robert Samuels  d or printed name of signee  Filing Fees Organization and Designation of Registered Approximation			