# L24000124094

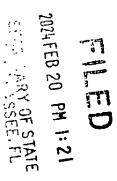
(Red	questor's Name)	
(Ado	dress)	
(Ada	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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T. MATTHEWS
MAR 18 2024

## COVER LETTER

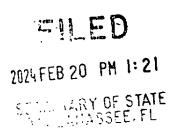
TO: New Filing Sect Division of Corp	ion porations			
SUBJECT: Covermade	LLC			
30031.01.	(Name of Res	ulting Florida Limit	ed Com	pany)
		_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	ondence concerning	this matter to:		
Joseph Waala				
	(Contact Person)			
Waala Law PLLC				
	(Firm/Company)			
198 NE Isles Drive				
	(Address)	<u> </u>		
North East, MD 21901				
(City	: State and Zip Code)			
JRWaala@WaalaLaw.co	m			
E-mail Address: (to be u	sed for future annual rep	port notifications)		
For further information	concerning this mat	ter, please call:		
Joseph Waala		at ( 585	993-2	507
(Name of Contact l	Person)		(Dayt	ime Telephone Number)
Enclosed is a check for dollars and drawn on a			rocesso	ed by this office must be payable in US
(\$25 for Conversion a	J\$155.00 Filing Fees and Certificate of tatus	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addres New Filing Sect Division of Corp P.O. Box 6327	ion	•	New F Divisio	Address: Tiling Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:  Covermade 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.
First organized, formed or incorporated under the laws of Ohio (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)
11/24/2009
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Covermade 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 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 5th day o	February	2024
Signature of Authorized R		
Signature of Authorized Rep Printed Name: <u>Natalie Monacc</u>	presentative: Mata	lie Monaco
Printed Name: Natalie Monaco	) efer:	Title: CEO
		See below for required signature(s)
Simple Mon	aco	
Signature:Natalio Monage		Tid. CEO
Printed Name: Ivatalie Worlact		Title: CEO
Signature:		
Printed Name:		Title:
****		<u> </u>
Signature:		
Printed Name:		Title:
Signature:	. <del></del>	Title:
Printed Name:		Title:
Signature		
Printed Name:		Title:
Signature:		<u>.</u>
Printed Name:	<u> </u>	Title:
If Florida Corporation:	C13	
Signature of Chairman, Vice	Chairman. Director, or	· Officer.
If Directors or Officers have i	101 been selected, an Ir	ncorporator must sign.
If Florida General Partners	hin or Limited Liebil	ity Partnarchin
Signature of one General Part		<del></del>
organical control of the control of	iici.	
<u> If Florida Limited Partners</u>	hip or Limited Liabil	ity Limited Partnership:
Signatures of <u>ALL</u> General P		
All others:		
Signature of an authorized pe	rson. [	
Fees:		
<u>. 660.</u>		
Articles of Conversion	on:	\$25.00
Fees for Florida Artic		\$125.00
Certified Copy:		\$30.00 (Optional)
Certificate of Status:		
• •		\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANSA

ANTICLES OF ONGANIZATION TONT BONDA EIMI	LED ELABIETT GOTTLE TO
ARTICLE I - Name: The name of the Limited Liability Company is:	2024 FEB 20 PM 1:21
Covermade I I C	SECUL PARY OF STAT TALL AHASSEE. FL

Covermade 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:	<u>Mailing Address:</u>
790 E Broward Blvd #621	same
Fort Lauderdale, FL 33301	
-	

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:

Natalie Monaco	
Nai	ne
790 E Broward Blvd #621	
Florida street address (P.	O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL <sup>33301</sup>
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. Thereby 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.



(CONTINUED)

### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR	Natalie Monaco 790 E Broward Blvd #621 Fort Lauderdale, FL 33301
	790 E Broward Blvd #621
AMBR	790 E Broward Blvd #621
	Fort Lauderdale, FL 33301
	<del></del>
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
	Monaco
This document is executed in accordance with	authorized representative of a member in section 605.0203 (1) (b), Florida Statutes, I am aware that it to the Department of State constitutes a third degree felony

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)