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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	

Office Use Only



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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 Articl	es of Conversion is:
(Enter Name of Other Business Entity)	- '
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common	on law or business trust, etc.
First organized, formed or incorporated under the laws of Words United (Enter state, or if a non-U.S. entity, the	STATES name of the country)
on 2.12. 2.12.9 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Organization:
(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 9 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 document's effective date on the Department of State's records.	90 calendar days after
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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the amount to
	2024 i Le 21 IC

Signed this 13th day of FEBUARY	20 24
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Chylery EATON	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Con Frinted Name: CRELORY EATEN	Title: Privions
Signature:Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir If Florida General Partnership or Limited Liabil Signature of one General Partner.	ncorporator must sign.
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
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	; :			
(Must contain the words "Limited Liabil				
(Must contain the words "Limited Liabil	ity Company, '	'L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and street address of the p	orincipal of	fice of the Limit	ed Liabilit	y Company is:
Principal Office Address:	<u>Mailin</u>	Address:		
S342 Explis R.	5	HZ. FANE PI		
S342 EADIE PL WIST PALM BEARY, Fr 33407	<u></u> <u>اعاندا</u>	ST PALM BEACH	FL 334	
·				
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)	istered Agent.	You must designate ar		
The name and the Florida street address of the	registered	agent are:		
GOLGON EN	reis			
	ne			
5342 EADIE PL	_			
Florida street address (P.0		T acceptable)		
LUST PHUM BEACH City	FL	33407		
City		Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certi acity. I furti e performan egistered aq	ficate, I hereby a her agree to comp ice of my duties, o gent as provided	ccept the a ply with the and I am fa	ppointment as e provisions of a miliar with and
Registered Agent's Sig	gnature (RI	EQUIRED)	-) ,	2024
(CONTI	NUED)			1824 r E b 2 l

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

	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager	<i>6</i>	
MGR	Ger Goray Extrac	
	5742 EADE PL	_
	WEST PAIN BEACH, Fr 33407	
AMBR	NEFRETIRI MCGRIFF	
	1441 BRANDYWINE RD ANT 4 100	0 اد
	WEST PALM BLACK, FL 33409	
	_	_
		
(Hea attachment if managemy)		
(Use attachment if necessary)		
(Use attachment if necessary)		
(Use attachment if necessary) LE V: Other provisions, if any.		
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LE V: Other provisions, if any.	<u> </u>	
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LE V: Other provisions, if any.		17 12 July 19
LE V: Other provisions, if any.		FLE 21
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member	1 F LL 21 F 10: 0
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	_	FLE 21 F 10: 05
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am a ment to the Department of State constitutes a third degree	FLE 21 F 10: 05
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am a	17 LL 21 F 10: 05