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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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SUBJEC	NATION	WIDE EXPOS LLC				
SOBJEC	. i	(Name of Res	ulting	Florida Limit	ed Con	npany)
				~		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please ret	urn all corre	espondence concernin	g this	matter to:		
JON LEW	'IS					
		(Contact Person)				
NATIONN	VIDE EXPOS					
		(Firm/Company)				
6401 CON	NGRESS AV					
		(Address)				
BOCA RA	TON, FL 334	487				
		City, State and Zip Code)				
		ONWIDEEXPOS.COM				
E-mail .	Address; (to b	e used for future annual re	port no	otifications)		
For furthe	er informatio	on concerning this ma	tter, p	lease call:		
JON LEW	'IS		at (	970	214-9	9595
(N	lame of Conta	ct Person)	_"''		(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	red by this office must be payable in US
S150.00 (\$25 for Co & \$125 for of Organiza	Articles	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	ailing Addı					Address:
	ew Filing Se					filing Section
	ivision of C O. Box 632	•				on of Corporations entre of Tallahassee
	allahassee. F					N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **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: NATIONWIDE EXPOS INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (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)
(Enter state, or if a non-U.S. entity, the name of the country)
06/14/2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization</b> : NATIONWIDE EXPOS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 <u>7TH</u> day	of FEBRUARY	20_ <b>_24</b>
Signature of Authorized	Representative of Lim	ted Liability Company:
C' c C s al l' LD	1.0	L.
Signature of Authorized Re Printed Name: JON LEWIS	epresentative:	THE PRESIDENT
Printed Name: 3014 EL4415		
Signature(s) on behalf of (	Other Business Entity:	[See below for required signature(s)]
Signature: A Characteristics Printed Name: JON LEWIS	,	
Printed Name: JON LEWIS		Title: PRESIDENT
Signature:		Title:
Printed Name:		Fitle:
Signaturo:		
Signature: Printed Name:		Title:
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Signature:		
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:
Signature:		Title:
Printed Name:		Title:
Cimatura		
Printed Name:		Title:
Timed Hame.	<del></del> _	
If Florida Corporation:		
Signature of Chairman, Vice	e Chairman, Director, or	Officer.
If Directors or Officers have	not been selected, an In	corporator must sign.
1477		
If Florida General Partner		ty Partnership:
Signature of one General Pa	rmer.	
If Florida Limited Partner	shin ar Limited Liahili	ty Limited Partnership
Signatures of <u>ALL</u> General	Partners.	is Emilied ( at the sing.
<u> </u>		
All others:		
Signature of an authorized p	erson.	
Fees:		
1 a' 1 - co		<b>63.</b> 00
Articles of Convers		\$25.00
	ticles of Organization:	\$125,00
Certified Copy:	<b>,</b> .	\$30.00 (Optional)
Certificate of Status	ń.	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:		
NATIONWIDE EXPOS LLC			
(Must contain the wor	rds "Limited Liability	Company, "L.L.C.," or "LLC	`.")
ARTICLE II - Address: The mailing address and street a	ddress of the pri	ncipal office of the Lir	nited Liability Company is:
Principal Office Address:		Mailing Address:	
6401 CONGRESS AVE STE 270		6401 CONGRESS AV	E STE 270
BOCA RATON, FL 33487		BOCA RATON, FL 334	187
JON LEWIS	Name		_
	Name		_
6401 CONGF	RESS AVE STE 2	70	_
Florida stre	et address (P.O.	Box <u>NOT</u> acceptable)	
BOCA RATO	N	FL <sup>33487</sup>	
	City	Zip	_
liability company at the plac registered agent and agree to a statutes relating to the proper accept the obligations of m	ce designated in act in this capacit and complete po v position as regi	this certificate, I hereby y. I further agree to co exformance of my dutie stered agent as provide	omply with the provisions of all s, and I am familiar with and
Registere	ed Agent's Signa	iture (REQUIRED)	

(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 AMBR	JON LEWIS
· ···	6401 CONGRESS AVE STE 270
	BOCA RATON, FL 33487
(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.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	<del></del>
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  ACL  Signature of a member o	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	<del></del>
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document and false information submitted in a document and false information submitted in a document is executed in a document is	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes, I am aware th