L24000 135253

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Sity State/Liph Holle #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only

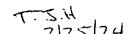




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02/28/24--01028--011 **150.00





COVER LETTER

| TO: New Filing Section Division of Corporations | : | - | | |
|--|---|---|-----------------------------|-------|
| SUBJECT: Airborne Marketing Group, LLC | | | | |
| (Name of | Resulting Florida Limited C | Company) | _ | |
| The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited | rticles of Organization, I Liability Company" ir | and fees are submitted to accordance with s. 605. | convert an "C 1045, F.S. | Other |
| Please return all correspondence concern | ning this matter to: | | | |
| Filings Team | | | | |
| (Contact Person) | | | | |
| Northwest Registered Agent LLC | | | | |
| (Firm/Company) | | | | |
| 7901 4TH ST N STE 300 | | | | |
| (Address) | | | | |
| St. Petersburg, FL 33702 | | | | |
| (City, State and Zip Cod | (e) | | | |
| FLfilings@northwestregisteredagent.com | | | | |
| E-mail Address: (to be used for future annua | ıl report notifications) | | | |
| For further information concerning this | matter, please call: | | | |
| Filings Team | at (| 8-2249 | | |
| (Name of Contact Person) | (Area Code) (I | Daytime Telephone Number) | _ | |
| Enclosed is a check for the following an dollars and drawn on a bank located in t | | essed by this office must | be payable in | US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | es S180.00 Filing Fee and Certified Copy | S S185.00 Filing Fees, Certified Copy, and Certificate of Status | SECRETARY TALLAHASSE | نوگو |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ne Div The 24 | w Filing Section vision of Corporations c Centre of Tallahassee 15 N. Monroe Street, Suit llahassee, FL 32303 | TOP 3 | |

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: |
|---|
| Airborne Marketing Group, LLC (Enter Name of Other Business Entity) |
| Limited Liability Company The "Other Business Entity" is a |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| 09/02/2022 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Airborne Marketing Group, 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 20th day of February | 20 24 |
|---|---|
| Signature of Authorized Representative of Li | mited Liability Company: |
| Signature of Authorized Representative: Printed Name: Haley Fasanaro | Title: Owner |
| Signature(s) on behalf of Other Business Entity | : [See below for required signature(s) |
| Signature: Hala dilloss | |
| Signature: Nily DW Printed Name: Halov Fasanaro | Title: Owner |
| Signature:Printed Name: | Title |
| Timed Name. | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an | or Officer. Incorporator must sign. |
| If Florida General Partnership or Limited Lial Signature of one General Partner. | bility Partnership: |
| If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners. | oility 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 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

SECRETARILOF, STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | |
|--|---|--|--|--|
| The name of the Limited Liability Compan | y is: | | | |
| Airborne Marketing Group, LLC | | <u> </u> | | |
| (Must contain the words "Limited L | iability Company, "L.L.C.," or | "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the | e Limited Liability Company is: | | |
| Principal Office Address: | Mailing Addres | Mailing Address: | | |
| 382 NE 191st St | 382 NE 191st St | | | |
| Miami, FL 33179 | Miami, FL 33179 | | | |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of | the registered agent are | | | |
| Northwest Registered Agent | LLC | <u>-</u> | | |
| 1 | Name | | | |
| 7901 4th St N STE 300 | | _ | | |
| Florida street address | (P.O. Box <u>NOT</u> accepta | able) | | |
| St. Petersburg | FL FL | | | |
| City | Zip | | | |
| | ed in this certificate, I had apacity. I further agree lete performance of my as registered agent as process. | ereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and ovided for in Chapter 605, F.S | | |

| Fasanaro, Haley |
|-----------------|
| Fasanaro, Haley |
| |
| 382 NE 191st St |
| Miami FL 33179 |
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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

| | the Department of State constitutes a third degree leion |
|------------------------------------|--|
| as provided for in s.817.155, F.S. | |
| Nat Smith | |

Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)