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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|---|
| SUBJECT: WHO'S WALKING WHO COR | PORATION |
| | esulting Florida Limited Company) |
| The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited I | cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerni | ng this matter 10: |
| JANEAN MELTON | |
| (Contact Person) | |
| WHO'S WALKING WHO | |
| (Firm/Company) | |
| 452 PALMETO STREET | |
| (Address) | |
| EDGEWATER, FLORIDA 32132 | |
| (City, State and Zip Code) | |
| JANEANSPETSITTING@YAHOO.COM | |
| E-mail Address: (to be used for future annual i | report notifications) |
| For further information concerning this m | atter, please call: |
| JANEAN MELTON | at (386) 314-6653 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amodollars and drawn on a bank located in the | ount: (All checks processed by this office must be payable in US : United States) |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Address: | Street Address: |
| New Filing Section Division of Corporations | New Filing Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 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.

| (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, or common law or business trust. | |
| First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) | nc.) |
| (Enter state, or if a non-U.S. entity, the name of the country) | |
| on AUGUST 2, 2023 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization | n: |
| WHO'S WALKING WHO LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| MADOUA 2004 | |
| 4. If not effective on the date of filing, enter the effective date: MARCH 1, 2024 | |
| 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. | |

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 21st day of February | 20 <u>24</u> |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: January Printed Name: (January Mel + 60) | un Meltor Title: Manager |
| Signature(s) on behalf of Other Business Entity: | • |
| Signature: <u>Janean Meltu-</u> Printed Name: <u>Janean Melton</u> | |
| Printed Name: Janean Melton | _Title: Manage c |
| | , |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | _ Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | ty 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

| ARTICLES OF ORGANIZATION FO | DR FLORIDA LIMITED LIABILITY COMPANY |
|--|---|
| ARTICLE I - Name: | |
| The name of the Limited Liability Compa | any is: |
| WHO'S WALKING WHO LLC | |
| | 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: | Mailing Address: |
| 452 PALMETTO STREET | 452 PALMETTO STREET |
| EDGEWATER, FLORIDA 32132 | EDGEWATER, FLORIDA 32132 |
| | |
| | istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another |
| The name and the Florida street address of | of the registered agent are: |
| JANEAN MELTON | |
| | NT |

| JANEAN MELTON | |
|--|----------|
| Nan | ne |
| 452 PALMETTO STREET | - |
| Florida street address (P.O. Box NOT acceptable) | |
| EDGEWATER | FL 32132 |
| 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..

Medistered Agent's Signature (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 | IANISANIAS TON |
| MGR. | JANEAN MELTON |
| | 452 PALMETTO STREET |
| | EDGEWATER, FLORIDA 32132 |
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| (Use attachment if necessary) CLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | |
| Signature of a member or : | an authorized representative of a member |
| This document is executed in accordance any false information submitted in a docur as provided for in s.817,155, F.S. | with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo |
| Janean metun | V Janean Melton |
| $\sqrt{T_{y_1}}$ | ped 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)