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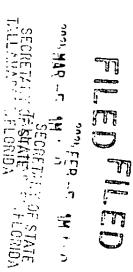
(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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7.5.H 2/9/2024



TO: New Filing Section
Division of Corporations

SUBJECT: Atlas Annas LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Marianna Ambrosio			
(Contact Person)			
(Firm/Company)			
12666 Machiavelli Way			
(Address)			
Palm Beach Gardens, Florida 33418			
(City, State and Zip Code)			
marianna.ambrosio@gmail.com			
E-mail Address: (to be used for future annual re	port notifications)		
For further information concerning this ma	tter, please call:		
Marianna Ambrosio	at () ⁽⁹³¹) 309-8946	
(Name of Contact Person)		ytime Telephone Number)	-
Enclosed is a check for the following amoudollars and drawn on a bank located in the		sed by this office must b	e payable in US
■ \$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	SECRETATION
Mailing Address: New Filing Section		et Address: Filing Section	SECOND SECOND

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 8105.

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: las Anna's LLC
_	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	rst organized, formed or incorporated under the laws of
on	October 24. 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:
At	las Annas LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
the No	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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>26 TH</u> day of <u>E-BRUARY</u>	20.21	
•		
<u>Signature of Authorized Representative of L</u>	imited Liability Company:	
Signature of Authorized Representative:		
Signature of Authorized Representative: Printed Name: Marianna Ambrosio	Title: Member	
Signature(s) on behalf of Other Business Entit	y: [See below for required signati	ıre(s)
<u>u</u>		
Signature: Printed Name: Marianna Ambrosio		
Printed Name: Mananna Ambrosio	Title: Member	
Signature:		
Printed Name: Hannah McMahon	Title: Member	
Timed (value)	ruc. <u></u>	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Ciamataga		
Signature:Printed Name:	Title	
rimed (value)		
Signature:		
Printed Name:	Title:	
If Florida Corporation:	0.195	
Signature of Chairman, Vice Chairman, Director,		
If Directors or Officers have not been selected, a	i incorporator must sign.	
H Florida General Partnership or Limited Lia	hility Partnershin:	
Signature of one General Partner.	one, raineromp.	
-		
<u>If Florida Limited Partnership or Limited Lia</u>	bility Limited Partnership:	
Signatures of ALL General Partners.		
All others: Signature of an authorized person.		
orginature or an authorized person.		
Fees:		<u> </u>
A 100 100 A/ 2		ECI
Articles of Conversion:	\$25.00	200

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: SECRETAL SE STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability Company	18:		
Atlas Annas LLC			
(Must contain the words "Limited Liab	ility 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:		
12666 Machiavelli Way	12666 Machiavelli Way		
Palm Beach Gardens, Florida 33418	Palm Beach Gardens, Florida 33418		
			
(The Limited Liability Company cannot serve as its own Reg- business entity with an active Florida registration.) The name and the Florida street address of the	e registered agent are:		
	Northwest Registered Agent LLC Name		
	•••		
7901 4th St. N, Ste 300	O. Box NOT acceptable)		
St. Petersburg City	FL ³³⁷⁰² Zip		
City	Zip		
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as i	I to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S		
Registered Agent's Si	ignature (REQUIRED)		

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	Marianna Ambrosio		
AMDR	12666 Machiavelli Way		
	Palm Beach Gardens, Florida 33418		
	Faim Beach Gardens, Florida 334 10		
AMBR	Hannah McMahon		
	3039 Dogwood Trail		
	Spring Hill, Tennessee 37174		
(Use attachment if necessary)			
Date of the state			
RTICLE V: Other provisions, if any.			
			
			
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE.			
	·····		

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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marianna Ambrosio, Member

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)