L24000/56639

(Requestor's Name)
(Address)
(Address)
(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



800425697588

03/18/24 -01012--031 **150.00

2024

7. 5. 5. 2. 5. 5.

COVER LETTER

TO: New Filing Se				
Division of Co	MAS LAW	IN & LONG ulting Florida Limited Con	saping pany)	LLC
		les of Organization, an ability Company" in a		
Please return all corre	spondence concerning	g this matter to:		
Christa	THEY DO	2010/		
Dugas	(Contact Person)	Indscapir	19 LLC	
20808 RISEN STAY DV				
(City, State and Zip Code)				
E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call: (Name of Contact Person) at (813) 802-890 (Area Code) (Daytime Telephone Number)				
	or the following amou a bank located in the	int: (All checks process United States)	sed by this office mu	ist be payable in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fee: Certified Copy, and Certificate of Status	s,
Mailing Addr	ess:	Stree	t Address:	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited 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:
25808 Risen Star Dr	23808 Risen Star D
NESULU Chappi 191	Wester Grape F

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Christopher Deuglas	
Name '	
25808 Risen Starde	
Florida street address (P.O. Box NO	OT acceptable)
Wesley Chupe FL City	33544
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Christopher Drugg
2MBR	MONDUDADIO
	Mestrichapel His
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNAT UR E:	
Chie Coy	
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 that cument to the Department of State constitutes a third degree felor
01:00	yped or printed name of signee
Chris lough	
Chris Vousk	Filing Fees

ARTICLE IV-

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
Of 18/2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles 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 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 day of	24
	20
Signature of Authorized Representative of Lin	
Signature of Authorized Representative:	Title: VVVV
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature Printed Name: FOR MINISTER STATE OF THE STATE O	
Printed Name:	_ Title: NCTNNOC MMP
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	THIE
Signature:Printed Name:	and a
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o	r Officer.
If Directors or Officers have not been selected, an I	ncorporator must sign.
If Florida General Partnership or Limited Liabi	ility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabi Signatures of ALL General Partners.	lity Limited Partnership:
Signatures of ALDE General Fundies.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)