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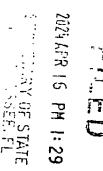
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APR 1

### **COVER LETTER**

SUBJECT: Andrew Wallisch Design 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:	Division of Corporations		
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:	SUBJECT. Andrew Wallisch Design LLC	С	
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:	(Name of	of Resulting Florida Limit	ated Company)
	•	_	
Andrew Wallisch	Please return all correspondence concer	rning this matter to:	
Aldrew Wallisch	Andrew Wallisch		
(Contact Person)	(Contact Person)		-
Andrew Wallisch Design LLC	Andrew Wallisch Design LLC		
(Firm/Company)	(Firm/Company)		-
2900 NE 2nd Ave Apt 587	2900 NE 2nd Ave Apt 587		
(Address)	(Address)		-
Miami, FL 33137	Miami, FL 33137		
(City, State and Zip Code)	(City, State and Zip Co	ode)	-
awallidesign@gmail.com	awallidesign@gmail.com		
E-mail Address: (to be used for future annual report notifications)	E-mail Address: (to be used for future annu	al report notifications)	-
For further information concerning this matter, please call:	For further information concerning this	s matter, please call:	
Andrew Wallischat (	Andrew Wallisch	at ( <sup>513</sup>	578-7531
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	(Name of Contact Person)	(Area Code)	) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)	=	· · · · · · · · · · · · · · · · · · ·	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status and Certified Copy of Organization)  \$150.00 Filing Fees and Certified Copy and Certified Copy of Certificate of Status	(\$25 for Conversion and Certificate of & \$125 for Articles Status		py Certified Copy, and
Mailing Address: Street Address:	Mailing Address:		
New Filing Section New Filing Section			
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

## "Other Business Entity"

FILED 2024 APR 16 PM 1:29

Florida Limited Liability Company TATA SEE, FL

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Andrew Wallisch Design LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC/ S-Corp  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Georgia  First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
June 10, 2018 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Andrew Wallisch Design 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 4th day of Apr.	20 24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Andrew Wallisch	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 LABILITY COMPANY

RTICLE I - Name: The name of the Limited Liability Company is:	2024 APR 16 PM 1: 29  THE TY OF STATE  TO SEE, FL			
AW Design LLC	. •			
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
RTICLE II - Address:				
-	incipal office of the Limited Liability Company is:			
rincipal Office Address:	Mailing Address:			
900 NE 2nd Ave Apt 587	2900 NE 2nd Ave Apt 587			
Miami, FL 33137	Miami, FL 33137			
business entity with an active Florida registration.) The name and the Florida street address of the r  Andrew Wallisch	egistered agent are:			
Name				
2900 NF 2nd Ave Apt 587				
	Box NOT acceptable)			
	33137			
	FL Zin			
Chy	251p			
2900 NE 2nd Ave Apt 587  Florida street address (P.O. Miami  City  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete p	Box NOT acceptable)  FL 33137  Zip  To accept service of process for the about this certificate, I hereby accept with the agity. I further agree to comply with the			

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Andrew Wallisch
	2900 NE 2nd Ave Apt 587
	Miami, FL 33137
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
ICLE V: Other provisions, if any.	
ICLE V: Other provisions, if any.	
ICLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized convecentative of a member
Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document is a submitted in a	with section 605.0203 (1) (b), Florida Statutes. I am aware tha
Signature of a member or 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 tha ment to the Department of State constitutes a third degree felor
Signature of a member or 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 tha ment to the Department of State constitutes a third degree felon
Signature of a member or 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 tha

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)