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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	





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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Agency 323 LLC			
(Na	ime of Resulting Flor	ida Limited Cor	npany)
The enclosed Articles of Conversional Business Entity" into a "Florida Li			nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all correspondence c	oncerning this ma	tter to:	
Charles Michael Lauller			
(Contact Pers	son)		
Agency 323, LLC			
(Firm/Compa	any)		
1938 Commodore Drive			
(Address)		
Navarre, FL 32566			
(City, State and 2	Lip Code)	· · · · · · · · · · · · · · · · · · ·	
clauller@agency323.com			
E-mail Address: (to be used for future	e annual report notific	cations)	
For further information concerning	g this matter, plea	se call:	
Charles Laulier	at (at	,687-	3523
(Name of Contact Person)	a. (rea Code) (Da	ytime Telephone Number)
Enclosed is a check for the follow dollars and drawn on a bank locate	~	-	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Fi and Certificat Status		00 Filing Fees tified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:		Stree	et Address:
New Filing Section		New	Filing Section
Division of Corporations			sion of Corporations
P.O. Box 6327		i ne	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Digital Agency 323, LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a
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)
January 1, 2021
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:
Agency 323 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 th	is 16th	day of April	_ 20 24
Signatur	e of Autho	rized Representative of Limi	ted Liability Company:
C11	المصالحين في على	ized Representative of Limitated Representative:	da i
Signature	nonium 10 :	s Lauffer	Title: Director
Printed N	anic: Chane	s Lauliei	Cittle. Director
			See below for required signature(s)
Signature	ane	au rty Lauller	
Printed N	ame: Kimbe	rly Lauller	Title: Director
Sionature			
Printed N	ame:		Title:
Signature	:		
Printed N	ame:		Title:
Signature	:		
Printed N	ame:	· · · · · · · · · · · · · · · · · · ·	Title:
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Printed N	ame.		Title:
Signature	:		
Printed N	ame:		Title:
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	a Corporat	nn, Vice Chairman, Director, or	Officer
		ers have not been selected, an In	
ii imeett	73 OF OTHER	is have her been selected, all in	corporator must sign.
If Florid	a General l	Partnership or Limited Liabili	ty Partnership:
Signature	of one Ger	neral Partner.	
		Partnership or Limited Liabili	ty Limited Partnership:
Signature	es of <u>ALL</u> C	General Partners.	
All other	'S!		
		orized person.	
		•	
Fees:			
Α	articles of C	Conversion:	\$25.00
		rida Articles of Organization:	\$125.00
	Certified Co		S30.00 (Optional)
	Certificate o	• •	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Co	ompany is:
Agency 323 LLC	
(Must contain the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2270 Highway 87	1938 Commodore Drive
Suite F	
Navarre, FL 32566	Navarre, FL 32566
Charles Lauller	Name
1938 Commodore	
Florida street ac	ldress (P.O. Box <u>NOT</u> acceptable)
Navarre	FL 32566
C	ity Zip
liability company at the place do registered agent and agree to act it statutes relating to the proper and accept the obligations of my po	agent and to accept service of process for the above stated limited esignated in this certificate. I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of all decomplete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 605, F.S My What is Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager MGR Charles Lauller 1938 Commodore Drive Navarre. FL 32566 Kimberly Lauller 1938 Commodore Drive Navarre, FL 32566 (Use attachment if necessary)	the companies of the co	Name and Address:
MGR Charles Lauller 1938 Commodore Drive Navarre, FL 32566 MGR Kimberly Lauller 1938 Commodore Drive Navarre, FL 32566 (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 a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S. CMUS Lauller Typed or printed name of signee	"AMBR" = Authorized Member	
1938 Commodore Drive Navarre, FL 32566 Kimberly Lauller 1938 Commodore Drive Navarre, FL 32566 (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 with section 605.0203 (1) (b), Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S. CMUS Lauller Typed or printed name of signee	-	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)