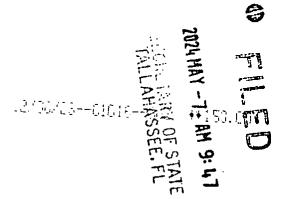
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400419806954



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: English English Company) (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:
Srynley Lacy (Contact Person) Bryn's Erand UC (Firm/Company)
(Firm/Company)
33 Tyrer James Way (Address) Sarita Rusa Zeach, Thorida 32459
(City. State and Zip Code)
cigned 12thess Comail con
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: (850) (6875631)
6: 1111a, Lacy at ()
(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)
\$\sum_{\perp}\$\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sum_{\perp}\$\$155.00 Filing Fees and Certified Copy and Certificate of Status \$\sum_{\perp}\$\$\$185.00 Filing Fees and Certified Copy and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8 Monroe

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a house house to be house the composition of the compos
First organized, formed or incorporated under the laws of
on ADITED DUDI (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.
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.

Sign Envelope ID, USABSI OC-0422-4EAS-AEE 1-30040302042A			
Signed this 22 day of MULTINGTY	20 <u></u> 2	<u> </u>	
Signature of Authorized Representative of Lim	ited Liabi	lity Company:	
Signature of Authorized Representative:	Engli Lacy		
Signature of Authorized Representative: Printed Name: Remoter 10(4)	Title:	Owner_	Sole Member
Signature(s) on behalf of Other Business Entity:			
Signature: English Lacy Printed Name: Bryn Lacy			
Printed Name: Bryn Lacy	Title:	Sole Member	
Signature:			
Printed Name:	I itle:		
Signature:Printed Name:	Tida		
Signature:Printed Name:	<u> </u>		
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 If Directors or Officers have not been selected, an In		must sign.	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partner	ship:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ity Limited	l Partnership:	

2024 MAY -7 AM 9: 4 ECLEDARY OF STATE TALLAHASSEE EL

Signature of an authorized person.

Fees:

All others:

Articles of Conversion:

\$25.00 \$125.00

Fees for Florida Articles of Organization: Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Bryin's Brai	<u> </u>
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22 Truer Janes Ivay Sauld Rosa Beach Florida 32459	23 Flex Janes Why South Rosa Reach Florida 32459
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regisbusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Bryley (ac	
144111	
23 Tyler Jane Florida street address (P.O	e Way
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
Sarita Rusa Bench City	1 FL 33459
City	Zip
registered agent and agree to act in this capace statutes relating to the proper and complete accept the obligations of my position as re	o accept service of process for the above stand limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am Lamiliar with and gistered agent as provided for in Chapter 609, F.S. I good by: Accept service of process for the above standard limited in the provisions of all performance of my duties, and I am Lamiliar with and gistered agent as provided for in Chapter 609, F.S. I am Lace 13

(CONTINUED)

ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager	
<u></u>	
-	
NNC-K	Bigney Inc.
Sole Member	23 Tim Tours 1 by
	South Prog Perch Frigh 3049
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	Bryn Lacy
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	Bryn Lacy A365901AC242A13 F an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member see with section 605.0203 (1) (b). Florida Statutes. I am away ument to the Department of State constitutes a third degree
Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member be with section 605.0203 (1) (b). Florida Statutes. I am awarment to the Department of State constitutes a third degree Brynley Lacy
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member see with section 605.0203 (1) (b). Florida Statutes. I am away ument to the Department of State constitutes a third degree