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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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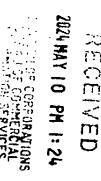
### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2024

DR. LORI FRIESEN 1635 WINDY PINES DR. #2408 NAPLES, FL 34112 US

SUBJECT: DR. LORI PRODUCTIONS, LLC

Ref. Number: W24000063292



We have received your document for and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Supervisor New Filings Section

Letter Number: 324A00008710

## **COVER LETTER**

то:	New Filing S Division of C				
SHRI	Dr. Lori	Productions LLC			
5000		(Name of Res	sulting Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Dr. Lo	ori Friesen				
		(Contact Person)			
Dr. Lo	ori Productions L	LC			
		(Firm/Company)			
1635	Windy Pines Dr.	#2408			
		(Address)			
Naple	es, FL 34112				
	(	City. State and Zip Code)			
lori@	drlorifriesen.com				
E-1	nail Address: (to b	e used for future annual re	port notifications)	•	
For fu	ırther informati	on concerning this ma	tter, please call:		
Dr. Lo	ori Friesen		at ( 858	334-9	9093
	(Name of Conta	ict Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$125	50,00 Filing Fees or Conversion 5 for Articles anization)	□\$155,00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		\$185,00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New I Divisi	Address: Filing Section on of Corporations Sentre of Tallahassee
	Tallahassee,			2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

# Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

FILED

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SEGRETARY OF STATE
TAIL ANASSES FAIR

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:  Dr. Lori Productions LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
02/14/2019 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Dr. Lori Productions LLC
(Enter Name of Florida Limited Liability Company)
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
he 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 locument'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 2nd day of April	20 <u>24</u>	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative: Printed Name: Dr. Lori Friesen	Title: Owner	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: And Friesco	Title: QUARC	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:	:	2022 2022
Signature:Printed Name:	Title:	TA .
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	2024 MAY 10 PM 8: 27 SECRETARY OF STATE
If Florida General Partnership or Limited Liability Signature of one General Partner.	77	8: 27
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
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 LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company	is:	
Dr. Lori Productions LL (Must c		bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a		e principal office of the Limite	ed Liability Company is:
Principal Office Add	lress:	Mailing Address:	
1635 Windy Pines Dr. #	#2408	1635 Windy Pines Dr. #24	-08
Naples, Florida 34112	<u> </u>	Naples, Florida 34112	
	r. Lori Friesen	he registered agent are:	LED 10 PH 8: 27 ASSEE, FL
16	635 Windy Pines Dr. #24	08	
<del>-</del>		P.O. Box NOT acceptable)	
N	aples	FL 34112	
	City	Zip	
liability company registered agent and statutes relating to	v at the place designated agree to act in this capt the proper and completations of my position as	nd to accept service of process yed in this certificate, I hereby acceptive. I further agree to compete performance of my duties, as registered agent as provided for the performance of my duties.	ccept the appointment as ly with the provisions of all and I am familiar with and

(CONTINUED)

#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Dr. Lori Friesen
	1635 Windy Pines Dr. #2408
	Naples, Florida 34112
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(Use attachment if necessary)	ias in
	SER.
LE V: Other provisions, if anv.	# 27 <b>69</b>
	7 E 7
	7
REQUIRED SIGNATURE:	
Con A	
- Surv	
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
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree fe
Dr. Lori Friesen	
	ped or printed name of signee  Filing Fees