L24000225834

(Requestor's Name)		
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
5-21-24		
	,	
W240000	511086	

Office Use Only



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03/08/24 -01030--002 **150.00

SECRETARY OF STATE ALLAHASSEE, FLORIE



April 1, 2024

JOSEPH SOPRACASA 18320 181 CIR S BOCA RATON, FL 33498 US

SUBJECT: WOLVERINES COMIC SHOP LLC

Ref. Number: W24000051686

We have received your document for WOLVERINES COMIC SHOP LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews Regulatory Specialist II

MECELVED 1024 HAY 16 PM 12: 21 Letter Number: 424A00006906

COVER LETTER

TO: No	w Filing Se	ction		
Di	vision of Ço	orporations	,	
SUBJEC	r: <u>//////</u>	Name of Resu	Shop IIII	pany) Shop LLC
			•	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please reti	um all corre	spondence concerning	this matter to:	
	JOS	Contact Person)	MC959	
NOL	CP INE	35 Comic	5/02	
183	SO 18	(Firm/Company)	, 	
Ba	a R	(Address)	33498	
	(C	ity, State and Zip Code)	* /	
	OPR	2 CQ SQ (D)	MI 1. COM	
E-mail /	Address: (to bo	used for future annual rep	oort notifications)	
For furthe	r informatio	on concerning this mat	ter, please call:	
JOS	CPh (601010 SA	at (754)30	18-01.3 9
(N	ame of Contac	et Person)	_ \	time Telephone Number)
		or the following amous a bank located in the U	· · ·	ed by this office must be payable in US
\$150.00 (\$25 for Co & \$125 for of Organiza	nversion Articles	\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
М	ailing Addr	'ess:	Street	Address:

Mailing 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 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.

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 CONDON FOM
(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)
on $\sqrt{-1/2-2}$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Wolverines Comic Stop LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $2 - 6 - 22$.
(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.
TON MAY 2. TALLAMASSES

Signed this day of 3		
Sunday or	20 24	
Signature of Authorized Representative of I		
a.	Imited Liability Company:	
Signature of Authorized Representative		
Printed Name: SEPH SOPICES	Title: Cic. Inco (CEC	7/2 / /4/1
Signature of Authorized Representative Printed Name: Signature(s) on both 15 to 200	- COM 71.20	1/+nccopreter/MGA
Signature(s) on behalf of Other Business Entit	<u>y:</u> See below for required signatur	[(a)a
Signature.		
Printed Name: TOGODE SOOM OF		
Printed Name: Joseph Sopraras	Title: Oconer/III	GR
Signature: Printed Name: Signature:	·	
Printed Name:	Title:	
Signature:		-
Printed Name:		
Signature: Printed Name: Signature:	Title:	
Signature:	·	
Printed Name:	Title	
Signature: Printed Name:	Title:	
Signature		
Printed Name:	Title:	
Signature:		
Printed Name:	Tist	
If El. 11 G	11de:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not be	r Officer.	
If Directors or Officers have not been selected, an I	ncorporator must sign.	
If Florida General Partnership or Limit 1411	ita. D	
Signature of one General Partner.	aty Partnership:	
If Florido Limita and		
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership	
General Partners.		S_{i}
All others:		11.00 202
Signature of an authorized person.		E REPORT
		SSA
<u>Fees:</u>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Articles of Conversion:		FILED 2011 HAY 21 AH 10: 51 FALLAHASSEE, FLORID,
Fees for Florida Articles of Organization:	\$25.00	
Certified Copy:	\$125.00	5 N
Certificate of Status:	\$30.00 (Optional)	-
	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Li	abi

lity Company is:

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

rincipal Office riddress.	ividining radial cost
1830 1815 Bocc Rolon, F.L. 33498	1836 181 CINS Bora Rolen, FL 3348
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual of another
Joseph Soprace	35 9 P P
Name	
1830 18° Cir	S SIE
Florida street address (P.O	. Box NOT acceptable)
Boca Ralon	FL 33498
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)

ARTICLE IV-

.

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	JOSEPH SOPIAGOSA
	1/2/12/19/5
,	Boca Rolon F. 1. 32498
	3000 Rolon, F. L. 33498
MGR	Joseph Sopra cosa
	1830 1818 - Cir S Boxchen,
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
An	
REQUIDED SLOW (True	
REQUIRED SIGNATURE	
Signature of a member or an a This document is executed in accordance with any false information submitted in a document tale provided for in s.817.155, F.S.	uthorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware that o the Department of State constitutes a third degree felony
- Committee of the comm	r printed name of signee
Typed o	r printed name of signee Filing Fees
\$125.00 Filing Fee for Articles of Org	Filing Fees ganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	\$ 5.00 Certificate of Status (Optional)