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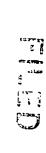
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 63/11/24
Office Use Only



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COVER LETTER

TO: New Filing So Division of Co				
SUBJECT:	Ganzh (Name of Res	<u>Daffare</u> Sulting Florida Limite	ed Company)	
The enclosed Articles Business Entity" into				mitted to convert an "Othern's. 605.1045, F.S.
Please return all corre	spondence concernin	g this matter to:		
Justine	(Contact Person)			2024
39182 7	(Firm/Company) Sty St. W (Address)	1. Apt.3	509	2024 JUH 24 PH 2: 1
	ity, State and Zip Code)	209		15 Tel
	appare 10 cused for future annual re		\sim	
For further informatio	n concerning this ma	tter, please call:		
Justine (Name of Contact	Kahn 1 Person)		(Daytime Telephone ?	-
Enclosed is a check for dollars and drawn on a	2		rocessed by this offi	ce must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing that and Certified Copy		and
Mailing Addr New Filing Se Division of Co P.O. Box 6327	ction rporations	1	Street Address: New Filing Section Division of Corpora The Centre of Tallah	

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:	
Gainzbroapparel LLC.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Um+td Uability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	_
First organized, formed or incorporated under the laws of	
on January 9, 2019. (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Gainzbroapparel 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 se. 605,1006 and 605,1061-605,1072. E.S.	

	•
Signed this 13 day of January	20 24
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	Questre Karr
Signature of Authorized Representative: Printed Name: JUShine Kaun	Tille Founder 1 CEO
<u>Signature(s) on behalf of Other Business Entity:</u>	[See below for required signature(s)]
Signature: Justine Kau Printed Name: Justine Kaun	
Printed Name: The Share Valan	Title Formalis (FO
30311100	The Tourist 1 CCO
Signature:	
Signature: Printed Name:	Title:
	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 In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
4.17	
All others:	
Signature of an authorized person.	
Fees:	
And I and C	225.00
Articles of Conversion;	\$25.00
Fees for Florida Articles of Organization:	\$125.00 j
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Gainzbroappare (Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3992 75th St. W Apt. 309 Bradenton FL 34201	3982. 75th St.W Apt. 309 Bradenton FL 34209
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	istered agent are: : 2024
<u>Justine Ka</u>	2-1-1
3982 75 ^t Florida street address (P.O. B	
<u>Bradenton</u> City	FL 34209 : 57 ST
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 605, F.S
Registered Agent's Signati	ire (KEQUIKED)

(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	Name and Address:			
"MGR" = Manager (EO FOUNDER	Justine Kann			
	202			
/III controller on If a conseque	2021 JUN 24			
(Use attachment if necessary)	P			
LE V: Other provisions, if any.	Ch Ch			
REQUIRED SIGNATURE:				
guotne	- Kall CEO FOUND			
This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.	e authorized representative of a member th section 605,0203 (1) (b), Florida Statutes, I am aware that nt to the Department of State constitutes a third degree felon			
Jushine K	ahn (ED FOUNDER d or printed name of signce			
Турес				
.)	Filing Fees			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)