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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



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TJH 7/8/24



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SPUNKY JUNK LLC Name of Limi	
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	-
Please return all correspondence concerning this matt	er to the following:
T	
Isminh Kraft	Name of Person
	realite of Fetable
Spunky Junk	Firm/Company
	Firm/Company
509 SE 7th AVT	
	Address .
(000 (000) E. 3	240.0
City	3990 State and Zip Code
Isniah Kronfy & Spraky	- lask (and
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	H:
Isnich Krops all 310	1 154-0491
Name of Person Area	Code Daytime Telephone Number
	·
Enclosed is a check for the following amount:	
	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Iditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division 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 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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Spunky Junk
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
(Enter state, or if a non-U.S. entity, the name of the country)
07/31/2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Spunky Junk
(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.)
<u>Note:</u> 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 this 1 day of January	_ 20 <u> とり</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Usure Printed Name; Isaiah Kraft	d_Nwas
Printed Name; Isaiah Kraft	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Charled MMA	
Printed Name: Isaiah Kraft	Title: Owner
Signature(s) on behalf of Other Business Entity: Signature:	
Signature: Printed Name:	
Timed Island.	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
riffica Name.	ride.
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Fig. 1.1. Comment Boundary with an I instead I inhiti	to Danta analisa
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

>pm/	JMK L.L.C. tain the words "Limited							
(Must com	tain the words "Limited	Liability Cor	npany, "l	LC.,"	or "LLC	C.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the L	imited L	iability	Compar	ny is:		
Princip	al Office Address:				Mailin	<u>jg Ade</u>	dress:	
509 Se 7m	Att, cupr corn	1,	504	50	7m 1	ive,	LAPZ	(0101
			11	1330				
ARTICLE III - Registered Agr The Limited Liability Company	ent, Registered Office,	& Registere	d Agent	's Signa	nture:			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio	& Registere Registered A	d Agent	's Signa	nture:			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio address of the registered	& Registered Ann.)	d Agent'	's Signa	nture:			
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ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio address of the registered ISnich Ka	& Registered Application.) If agent are: Name Ave s (P.O. Box 1	d Agent' Agent. Yo	's Signa ou must	iture: designal	te an i		

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)

e attachment if necessary) Effective date, if other than the date of filing: (OPTIONAL) (attachments is listed, the date must be specific and cannot be more than five business days prior to or 9 ing.) (attachment of State's records. (Coher provisions, if any. (IRED SIGNATURE: (IRED SIGNATURE:	Title:	Name and Address:
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