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PICK-UP WAIT MAIL
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TO

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

the Ponder's Printing - Thom issue GA 8/00

Open Hearts Man	nagement and Marketing, In		
Please Debit FCA	000000003 For: 150		
Thank you Seth N	ieelev		
Staf		Art of Inc. File	
		Foreign Corp. File 57	1
		L.C. File \$\frac{1}{2} \frac{1}{2} 1	ij,
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		A(1, of Amend, File	
		RA Resignation	
		Dissolution / Withdrawa)	
		Annual Report / Reinstatement	
		Cert. Copy	,
		Photo Copy	
		Certificate of Good Standing	
		Certificate of Status	
		Certificate of Fictitious Name	
		Corp Record Search	
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Signature	·/	Fictitious Owner Search	
		Vehicle Search	
		Driving Record	
Requested by:		UCC 1 or 3 File	
Name	Date Time	— UCC 11 Search	
		UCC 11 Retrieval	
Walk-In	Will Pick Up	Courier	

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 Open Hearts Marketing and Management, Inc.	Articles of Conversion is:
(Enter Name of Other Business Entity)	,
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership,	2024
	· · · · · · · · · · · · · · · · · · ·
First organized, formed or incorporated under the laws of	tity, the name of the country)
(Enter state, or if a non-U.S. en	tity, the name of the country)
January 15, 2015 on	F 6
(date of organization, formation or incorporation)	9: 1.7 S. F.L.
3. The name of the Florida Limited Liability Company as set forth in the attached	d Articles of Organization:
Open Hearts Marketing and Management, 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 to 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, a document's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable star	tutes.

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.

\$5.00 (Optional)

Certificate of Status:

2024 JUL 15 M1 9: 47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ting and Management, LLC	Alle Community of the state of		
(All	ist contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")		
ARTICLE H - Ac The mailing address		e principal office of the Limite	d Liability Company is	s:
Principal Office A	Address:	Mailing Address:		
825 Brickell Bay Dri	ve	1000 Brickell Avenue		
Suite 1850		Suite 300	D-3	
Miami, FL 33131		Miami, FL 33131	1021	
The name and the	Florida street address of t AGI Regsitered Agents, In N	_	IM 9: 17	
	1000 Brickell Avenu, Suite	. 3 00		
		P.O. Box <u>NOT</u> acceptable)		
	Miami	FL ³³¹³¹		
	City	Zip		
liability comp registered agent statutes relatin	any at the place designate and agree to act in this ca g to the proper and compl	nd to accept service of process for the in this certificate, I hereby acc pacity. I further agree to compl the performance of my duties, ar s registered agent as provided for	cept the appointment as y with the provisions of ad I am familiar with ar	s f all nd

/s/ Robert R. Adams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Jenny Nieveen	
825 Brickell Bay Drive, Suite 1850	_
Miami, FL 33131	_
Yves Paradis	
Miami, PL 33131	_
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TI VI	:
	825 Brickell Bay Drive, Suite 1850

REQUIRED SIGNATURE:

/s/ Robert R. Adams, Authorized Representative

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert R. Adams, Authorized Representative

Typed or printed name of signee

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)