L24000331258

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 211111), 1101110,
(Document Number)
Certified Copies Certificates of Status
Cassial lastrusticas to Filips Officer
Special Instructions to Filing Officer:

Office Use Only



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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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter cutity type. Example: corporation, limited partnership, general partnership, comm	non law or business trust, etc.)
First organized, formed or incorporated under the laws of	
	he name of the country)
09/21/2022 20	
cdate of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
LAUBE STUDIO, LLC	
(Enter Name of Florida Limited Liability Company)	 -
The effective date: Cannot be prior to date of receipt or filed date nor more than 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 discument's effective date on the Department of State's records. The plan of conversion has been approved in accordance with all applicable statutes	ate will not be listed as the
 The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	aisal rights the amount to
	262
	-
	:
	~
	ć>

Signed this 8TH day of MARCH	20
Signature of Authorized Representative of Limi	ted Liability Company;
Signature of Authorized Representative: J. M.	Thurspools.
Signature of Authorized Representative: _(XVCC Printed Name: LINDA KOCHAJEWSKA	THE MANAGING MEMBER
Timed Name. 2005 NOSTA GENSON	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature ////////////////////////////////////	Title MANNACING MENADED
r inted Name Linda Rochadevyska	THE MANAGING MEMBER
Signature:	
Signature:	
Signature:	
Printed Name:	Fitte:
Signature:	
Printed Name:	Title:
Signature:	151.1
Printed Name:	Fille:
Signature:	
Signature:Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or	Of Gener
of Directors or Officers have not been selected, an In-	
	3
<u>lf Florida General Partnership or Limited Liabili</u>	ty Partnership;
Signature of one General Partner.	
If Flori <u>da Limited Partnership or Limited Liabili</u>	ty Limited Partnership
Signatures of ALL General Partners.	Thatea : armersings.
•	
All others:	
Signature of an authorized person.	
Lye <u>y.</u>	
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 1 - Name:	
The name of the Limited Liability Company is:	
,	
L MOE CTUDIO LLO	
LAUBE STUDIO, LLC (Must contain the words "I mited I jability	c Company "LLC " or "LLC")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
The state of the s	Manning Address.
324 NE 3RD AVE	324 NE 3RD AVE
LEVEL 4	LEVEL 4
DELRAY BEACH, FL 33444	DELRAY BEACH, FL 33444
ARTICLE III - Registered Agent, Registered the Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individual or another
ACCOUNTABLE FINANCIAL S	
Name	
461 E HILLSBORO BLVD SUI	TE 200
Florida street address (P.O.	Box NOT acceptable)
DEERFIELD BEACH	
City	F1. 33441 Zip
City	Zip
tiability company at the place designated in registered agent and agree to act in this capacid statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am jamiliar with and istered agent as provided for in Chapter 605, F.S.,
Slove i (i-c	201
Registered Agont's Signa	ature (REQUIRED)
. , , ,	
(CONTINU	JED)
	N
	C.

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 MGRM	LINDA KOCHAJEWSKA
MOTALI	3070 MARY ST
	MIAMI, FL 33133
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
VK (100.4). V. Omer provisions, if any.	
REQUIRED SIGNATURE:	
-Llaheizewsuc	
- a licensore since	
Signature of a member or a	on authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, 4 am aware that
any false information submitted in a docum	nent to the Department of State constitutes a third degree felony
as provided for in \$.817.155, F.S	, and a suggest relative
LINDA KOCHAJEWSKA	
	

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)