L24000380388

. ફુત ું			
<u>Sala</u>	(Requestor's Name)
<u> </u>	(Address)	
	· ,	Address)	
	(Address)	
	(City/State/Zip/Phor	ne #)
	PICK-UP	MAIT	MAIL
<u> </u>	(Business Entity Na	ame)
<u>-</u>	(Document Number	r)
Certified	Copies	Certificate	es of Status
Special	Instructions	to Filing Officer	
-			
- -			
			:
	· <u>·</u>	Office Use O	nly
: <u></u> .			
11u			



600435585626

2024 SEP -4 AH 9: 47 SICKLIANTY OF STATE TALLAHASSEE, FL

2024 SEP -4 AM 10: 36

-

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/04/2024	<u> </u>		≈WALK IN**
ENTITY NAME Synth	a Harris Interiors, LLC		
DOCUMENT NUMBER			7024 SEP
DOCUMENT NUMBER	**PLEASE FILE THE ATTACHED AND R	AHASSEE.	
<u>xxxxxxxxx</u>	Plain Copy Certified Copy	ا س س	D .
	Certificate of Status		
	PLEASE OBTAIN THE FOLLOWING FOR THE I	ABOVE ENTITY	
	Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFIC	CATION	
COUNTRY OF DESTINA NUMBER OF CERTIFIC			_
TOTAL OWED \$150.	<u> </u>	INT #: 120160000072	
Please call Tina at	the above number for any issues or conce		mach!

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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of C Syntha Harris Interiors, LLC		2024 SEP
(Enter Name of Other Business Entity)	2 C)	<u>S</u> .
The "Other Business Entity" is a	r business tru	stretc.)
First organized, formed or incorporated under the laws of	SSECONTRY of the Country	7 :6 W
September 5, 2014	1.1	7
on(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles o	f Organiza	ıtion:
Syntha Harris Interiors, 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 cale 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 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 rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ghts the am	ount to

Signed this 21st day of August	t 20 24		
Signature of Authorized Representativ	e of Limited Liability Company:		
Signature of Authorized Representative: Printed Name: Swiffa E. Havis	Arthe E. Harris Title: principal	_	
	Entity: [See below for required signature(s)]		
Signature: Syntha	C. Harris	_	
Printed Name: Syntha E Harris	Title: Manager	_	
Signature:		_	
	Title:	- <u>ss</u> 20	
Signature:		24 S	
Printed Name:	Title:	2024 SEP -4 SECLLAHA TALLAHA	
		co ^{−1} ·	
Printed Name:	Title:	AM S	1
Simulations.		9: 4.7 STATE S. FL	į
Printed Name:	Title:		
Signature:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Di If Directors or Officers have not been selec	rector, or Officer.		
If Florida General Partnership or Limite Signature of one General Partner.	ed Liability Partnership:		
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion:	\$25.00		

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Syntha Harris Interiors, LLC			
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limited	Liability Company is:	
Principal Office Address:	Mailing Address:	ZÓZ4 SEP SECTALLA	
17611 Lake Park Road	17611 Lake Park Road	SEP	7
Boca Raton, FL 33487	Boca Raton, FL 33487	1.7) Cross
business entity with an active Florida registration.)	stered Office, & Registered Agent a Registered Agent. You must designate an in fifther registered agent are:	dividual or shother	C
business entity with an active Florida registration.) The name and the Florida street address of Brian Kopelowitz, Esqui	n Registered Agent. You must designate an in	dividual or another	
business entity with an active Florida registration.) The name and the Florida street address of Brian Kopelowitz, Esqui	n Registered Agent. You must designate an in	dividual or another	
business entity with an active Florida registration.) The name and the Florida street address of Brian Kopelowitz, Esqui	n Registered Agent. You must designate an in fithe registered agent are: re Name	dividual or another	
business entity with an active Florida registration.) The name and the Florida street address of Brian Kopelowitz, Esqui One West Las Olas Blvd	n Registered Agent. You must designate an in fithe registered agent are: re Name	dividual or another	
business entity with an active Florida registration.) The name and the Florida street address of Brian Kopelowitz, Esqui One West Las Olas Blvd	re Name Name	dividual or another	
business entity with an active Florida registration.) The name and the Florida street address of Brian Kopelowitz, Esqui One West Las Olas Blvd Florida street address	f the registered agent are: re Name d., Suite 500 s (P.O. Box NOT acceptable)	dividual or another	

(CONTINUED)

Brian Kopslowitz
Registered Agent's Signature (REQUIRED)

A	R	П	CI	F	$\mathbf{\Pi}$	7.
-						

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

AMBR" = Authorized Member	
MGR" = Manager	
MGR	Syntha Harris
	17611 Lake Park Road
	Boca Raton, FL 33487
····	
	<u></u>
	rain in the second of the seco
	
	
	<u></u>
	のと
(Lice attachment if necessary)	En C
(Use attachment if necessary)	SEE, P
(Use attachment if necessary)	OF STATE
,	OF STATE
(Use attachment if necessary) LE V: Other provisions, if any.	OF STATE SEE, FL
,	OF STATE SEE, FL
,	OF STATE SEE, FL
,	OF STATE SEE, FL
LE V: Other provisions, if any.	OF STATE SEE, FL
LE V: Other provisions, if any. REQUIRED SIGNATURE:	EE, FL
LE V: Other provisions, if any. REQUIRED SIGNATURE:	EE, FL
LE V: Other provisions, if any.	EE, FL
LE V: Other provisions, if any. REQUIRED SIGNATURE: Lyntha E. Ha	EE, FL
REQUIRED SIGNATURE: Signature of a member of	TEE, FL
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	TEE, FL
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nece with section 605.0203 (1) (b), Florida Statutes. I am aware to be comment to the Department of State constitutes a third degree fellower.
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S. Sup-the F. Harris	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to be comment to the Department of State constitutes a third degree fellower.
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S. Sup-the F. Harris	or an authorized representative of a member nece with section 605.0203 (1) (b), Florida Statutes. I am aware to be comment to the Department of State constitutes a third degree fellower.