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(Requestor's Name)	
(Āddress)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
<u> </u>	

Office Use Only



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S. CHATHAIN

OCT - 1 2024

前,现代的意思。这一种的复数



COVER LETTER

TO:	New Filing Son Division of C				
CHR	JECT: Designed	d with love by us			
SOB	JEC1		sulting Florida Lim	ited Con	npany)
			•		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concernin	g this matter to:		
Nicole	e Suskin				
		(Contact Person)		_	
Desig	ned with love by	us			
		(Firm/Company)		_	
5200	NW 43rd St. STE	102-124			
		(Address)		_	
Gaine	esville, FI 32606				
	((City, State and Zip Code)	- -	_	
desig	nedwithlove101@)gmail.com			
E-1	mail Address: (to b	e used for future annual re	port notifications)	-	
For fi	urther information	on concerning this ma	tter, please call:		
Nicole	e Suskin		_at (665-4	202
	(Name of Conta	et Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		process	ed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Co	_	S185.00 Filing Fees. Certified Copy. and Certificate of Status
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Dε	esigned with love by us (Enter Name of Other Business Entity)
	·
2.	The "Other Business Entity" is a General Partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fir	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	June 20, 2024
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Dε	esigned with love by us \mathcal{LLC}
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T the <u>No</u>	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 30 day of September	20 <u>24</u>
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: This A Del	
Printed Name: Nicole Suskin	Title: MGR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
	lian Danas and line
<u>If Florida General Partnership or Limited Liabil</u> Signature of one General Partner.	my rarinership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	lity Limited Partnership:

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)

\$5.00 (Optional) Certificate of Status:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	I LONIDA ERMITED	LIABILITI COMI ANI
The name of the Limited Liability Company	is:	
Designed with love by us LLC		
(Must contain the words "Limited Liab	odity Company, "L.L.C.," or "LI	,C.^)
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:	
5200 NW 43rd St. STE 102-124	5200 NW 43rd St. ST	E 102-124
Gainesville, FL 32606	Gainesville, FL 3260	6
		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	
Nicole Suskin		<u></u>
Na	me	
3922 NW 20th Lane		
Florida street address (P	O. Box NOT acceptable	e)
Gainesville	FL ³²⁶⁰⁵	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as a	l in this certificate, I here pacity. I further agree to t te performance of my dut	by accept the appointment as comply with the provisions of all ies, and I am familiar with and
Nich & !	Sul:	
Registered Agent's S	ignature (REQUIRED)	2021 5ECG 7A _{LL}
(CONT	INUED)	FILE IN SEE FI

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

H & \$ 4 1 \ 7	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Nicole Suskin	
MGR	5200 NW 43rd St. STE 102-124	
	Gainesville, FL 32606	-
	Gainesville, FL 32000	-
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(Use attachment if necessary)		
COSC ARACHHICH H HELESSALVI		
(Ose attachment if necessary)		
(Ose attachment if necessary)		
ICLE V: Other provisions, if any.		
	SEC!	2024
ICLE V: Other provisions, if any.	SECRE.	2024 OC
ICLE V: Other provisions, if any.	SECRETA TALL AS	2024 0CT -
ICLE V: Other provisions, if any.	SECRETARY TALLAHAS	2024 OCT -4
ICLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	SECRETARY ASRY an authorized representative of a membero	OCT -4 F
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	ee with section 605.0203 (1) (b), Florida Statutes, I am aware i	0CT -4 PE
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in a document is executed in accordance and the submitted in accordance and the submitted in a document is executed in accordance and the submitted in accorda	re with section 605.0203 (1) (b), Florida Statutes, 1 am aware is ument to the Department of State constitutes a third describe fel	OCT -4 PEES:
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	re with section 605.0203 (1) (b), Florida Statutes, 1 am aware is ument to the Department of State constitutes a third describe fel	0CT -4 PE
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document in s.817.155, F.S. Nicole Suskin	re with section 605.0203 (1) (b). Florida Statutes. I am aware to ument to the Department of State constitutes a third depret fellows.	OCT -4 PEES:
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document in s.817.155, F.S. Nicole Suskin	re with section 605.0203 (1) (b), Florida Statutes, 1 am aware is ument to the Department of State constitutes a third describe fel	OCT -4 PEES:

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