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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

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COVER LETTER

TO:	New Filing S Division of C						
SliB	JECT: hayjivep	•					
SUD	JEC1	(Name of Res	sulting Florida Limi	led Cor	mpany)		
					nd fees are submitted to conve coordance with s. 605.1045, l		Other
Pleas	e return all corr	espondence concernin	g this matter to:				
Jenni	fer Iverson						
		(Contact Person)		-			
lverse	on Business Serv	rices. LLC					
		(Firm/Company)		-			
P.O.	Box 587						7
•		(Address)		-		24 (im Jim
Nece	dah. WI 54646					001	325 327
	(1	City, State and Zip Code)		•		17	A.R.
jivers	onenterprise@gr	mait.com				AM	: Q
E-	mail Address: (to b	e used for future annual re	port notifications)	-		ယ့	S
For fu	urther informati	on concerning this ma	tter, please call.			37	ATE
Jenni	fer Iverson		_at (988-	1106		တ
	(Name of Conta	ict Person)	(Area Code)	(Day	rtime Telephone Number)		
		for the following amou a bank located in the	•	roces	sed by this office must be pay	able in	US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	□\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection Corporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: hayjivepicks LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [imited liability company] [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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
January 11, 2023 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
hayjivepicks 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 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.

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Havden Iverson
	7901 4th Street N. Suite 300
	St. Petersburg, FL 33702
	
	
(Use attachment if necessary)	
CLE V: Other provisions, if any	
LE V: Other provisions, if any	
REQUIRED SIGNATURE:	3Dm
Signature of a member of This document is executed in accordance.	
Signature of a member of This document is executed in accordance the false information submitted in a doc	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware the nument to the Department of State constitutes a third degree felor
Signature of a member of This document is executed in accordance in faise information submitted in a document as provided for in s.817.155, F.S. Hayden Iverson	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Na	ame:		
	Limited Liability Compar	ny is:	
havjivepicks LLC			
	Aust contain the words "Limited I	.iability Company. "L.L.C.," or "LLC.")	
ADTICLEU	11		
ARTICLE II - A The mailing addr		the principal office of the Limite	d Liability Company is:
		pp 00	a Diagonity Company to.
Principal Office	Address:	Mailing Address:	
7901 4th Street N.	Suite 300	7901 4th Street N, Suite 30)0
St. Petersburg, FL		St. Petersburg, FL 33702	
•	n active Florida registration.) e Florida street address of Registered Agents, Inc.	the registered agent are.	
	7901 4th Street N. Suite		, '
	riorida street address	(P.O. Box <u>NOT</u> acceptable)	
	St. Petersburg	FL 33702	
	City	Zip	
liability com registered agen statutes relati	pany at the place designal and agree to act in this congret to the proper and compobligations of my position of the following th	and to accept service of process for ted in this certificate, I hereby acceptacity. I further agree to complote performance of my duties, as as registered agent as provided for Signature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and
	(CON	VTINUED)	8

SECRETARY OF STATE

Signed this day ofOCTOBEY	_20_24
Signature of Authorized Representative of Limi	ited Ligbility Company:
	Jelgers
Signature of Authorized Representative.	Til Massa
Printed Name: Hayden Iverson	Title: Manager
Signature(s) on habilf of Other Pusings Entitue	(See helesy for required signature(s))
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: 4100	
Printed Name: Hayeen Iverson	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
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-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
10 F2 - 1 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All athaus	
All others:	
Signature of an authorized person.	
<u>Fees</u>	
Articles of Conversion:	\$25,00
	\$125.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)