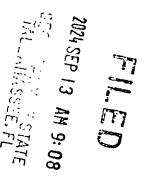


(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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09/13/24--01014--009 **185.00



COVER LETTER

Division of Corporations
SUBJECT: MOUNTAIN LAWEL DESIGN LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.
Please return all correspondence concerning this matter to:
Margaret Ryan (Contact Person) Mountain Laurel Design
376 Courtney Oaks Dr
St. Augustine Fl 32092 (City. State and Zip Code)
Mountaine design 16 @ gmail, Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: Dayance Dyan at (850) 207 -5370 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & and Certificate of & status S125 for Articles of Organization) S150.00 Filing Fees & S180.00 Filing Fees & S185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8105Tallahassee, FL 32303The Centre of Tallahassee
INHS11 (7/17)

TO: New Filing Section

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>Virginia</u> (Enter state, owf a non-U.S. entity, the name of the country)
on 11/25/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mountain Laurel Design LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 26/1/24
(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.) Note: 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.





Signed this 10 day of September	20 04	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: UP Printed Name Jav gave Poya N	OTitle: Owner	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: When		
Signature: When Printed Name: Hargaret lyan	Title: Owner	_ _
Signature:Printed Name:		
Printed Name:	_ Title:	_
Signature:Printed Name:	Titla	_
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Title:	- -
Signature:		
Signature:Printed Name:	Title:	-
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	corporator must sign.	
All others: Signature of an authorized person.		
<u>Fees:</u>		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	7024 SEP 13 AM 9: 08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mountain Lawrel Design LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

357 Courtney Oaks Dr 375 Courtney Oaks Dr St. Augustine, FL 32092

St. Augustine, FL 32092

St. Augustine, FL 32092

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Hargaret Ryan
Name

375 Courtney Oaks Dr
Florida street address (P.O. Box NOT acceptable)

St Ayustine FL 32092

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	,
	<u> </u>
	
	
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(Use attachment it necessary)	
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CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
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