

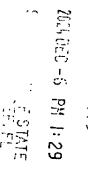
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	¥)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer.	
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Office Use Only



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COVER LETTER

TO: New Filing S Division of C			
SUBJECT: JoCali D	esigns LLC		
50.550.		sulting Florida Limited Co	ompany)
	•	_	and fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Claret Heredia			
	(Contact Person)		
JoCali Designs LLC		·	
	(Firm/Company)		
404 Bartlett Cove			
	(Address)		
Panama City Beach, F	L 32413		
((City, State and Zip Code)		
JoCaliDesigns@gmail.	.com		
E-mail Address: (to b	c used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Claret Heredia		_at (⁷²⁰)778	-7870
(Name of Conta	act Person)		aytime Telephone Number)
	for the following amount a bank located in the		ssed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155,00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	reși:	Stre	et Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Arti	cles of Conversion is:
Jo Cali Designs LLC (Enter Name of Other Business Entity)	_
2. The "Other Business Entity" is a	non law or business trust, etc.)
First organized, formed or incorporated under the laws of	2 024
	he name of the country):
on 682023 8 22 2023 (date of organization, formation or incorporation)	C
(date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Ar	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
JoCali Designs LLC	29 29
(Enter Name of Florida Limited Liability Company)	_ .
4. If not effective on the date of filing, enter the effective date:	<u></u> .
(The effective date: Cannot be prior to date of receipt or filed date nor more than 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 dedocument's effective date on the Department of State's records.	90 calendar days after
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 30th day of September	20 24			
Signature of Authorized Representative of Limit	2 A			
Signature of Authorized Representative:	Title: Owner	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: A A Meredia Printed Name: Clacel A. Heredia		_		
Printed Name: Clared A. Heredia	_ Title:cuper	-		
Signature:		-		
Signature:Printed Name:	Title:	-		
Signature:				
Signature:Printed Name:	Title:	_		
Simulation.				
Signature:Printed Name:	Title:		26	
			<u>;;</u>	
Signature: Printed Name:	Title:	-	DEC	
·			5,	
Signature: Printed Name:	3		7 0	្នំ ម
Printed Name:		-r. (/)		<i>∞</i> =
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.		29	
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Lighibi Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability	gnsCompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
404 Bartlett Cove	404 Bartlett Cove
Panama City Beach, FL 32413	Panama City Beach, FL 32413
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	egistered agent are:

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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and the second

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $O\omega_{nev} / MGR$	Claret Heredia UCH Bartlett Cove Panama City Beach, FL 324
	2024
(Use attachment if necessary)	
CLE V: Other provisions, if any.	I: 29
REQUIRED SIGNATURE:	1 1
	- Leturo
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
<u>Claret A. Heredia</u>	ped or printed name of signee
ı yı	Filing Face

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