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(Requestor's Name)
(Address)
, ,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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15/1/20

COVER LETTER

Division of C	orporations		
SUBJECT: HearsDu	stin LLC		
30bare1	(Name of Res	sulting Florida Lim	ted Company)
			ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Dustin Giannelli			
	(Contact Person)		-
HearsDustin LLC			
	(Firm/Company)		-
419 SE 2nd Street Apt	. 2610		
	(Address)		-
Fort Lauderdale, FL 33	3301		
(6	City, State and Zip Code)		-
dustin@hearsdustin.co	om		
E-mail Address: (to b	e used for future annual re	port notifications)	-
For further information	on concerning this ma	tter, please call:	
Dustin Giannelli		at (⁷⁸¹	4395224
(Name of Conta	ict Person)	(Area Code) (Daytime Telephone Number)
	or the following amou a bank located in the	int: (All checks	processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co	py Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

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.

HearsDustin LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
November 21, 2022
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:
HearsDustin 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.) 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 19	day of December	_ 20_ <u>2 †</u>		
	orized Representative of Limi			
Signature of Author Printed Name: <u>Dustin</u>	rized Representative:	Title: CEO & Founder	_	
Signature(s) on beh	nalf of Other Business Entity:	[See below for required signature(s)]		
Signature:	I (Ciannella			
Printed Name: Dustin	Giannelli	Title: CEO & Founder	- -	
Signature:		Title:	_	
Signature: Printed Name:		Title:	 -	
Signature: Printed Name:		Title:	- -	
Signature:		Title:	_	
Printed Name:		Title:	<u>-</u>	
If Directors or Office If Florida General Signature of one General	an, Vice Chairman, Director, or ers have not been selected, an In <u>Partnership or Limited Liabili</u>	corporator must sign. ty Partnership:		
Signatures of ALL		ty Emitted Farthersing.		
All others: Signature of an author	orized person.		:=1	2
Fees:			SECK	2024 DEC
Articles of C Fees for Flo Certified Co Certificate o	rida Articles of Organization: opy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		C 27 PM I

ARTICLE I -			
The name of th	Name: ne Limited Liability Company	r is:	
HearsDustin LL			
	(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		e principal office of the Limited	Liability Company is:
Principal Off	ice Address:	Mailing Address:	
HearsDustin LL	C	HearsDustin LLC	
119 SE 2nd St.		419 SE 2nd St. Apt 2610	
ort Lauderdale	e, FL 33301	Fort Lauderdale, FL 33301	
	Dustin Giannelli		
		ame	
	N 419 SE 2nd St Apt 2610		
	N 419 SE 2nd St Apt 2610	P.O. Box <u>NOT</u> acceptable)	
	N 419 SE 2nd St Apt 2610		
	N 419 SE 2nd St Apt 2610 Florida street address (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

ARTICLE IV-

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 AMBR	Dustin Giannelli 419 SE 2nd St. Apt 2610 Fort Lauderdale, FL 33301	
		2024
(Use attachment if necessary)		2024 DEC 27 SECRETE
ARTICLE V: Other provisions, if any. Public speaking and consulting services		PH OI
REQUIRED SIGNATURE:	Into Girali	
This document is executed in accordance	an authorized representative of a matter with section 605.0203 (1) (b), Florida Statute ment to the Department of State constitutes a	es. I am aware that

Sth Crianelli
Typed or printed name of signee

Filing Fees

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