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

Office Use Only



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2024 DEC 20 PHH: 27

AFFIDAVIT AND ASSIGNMENT OF FLORIDA LLC NAME Willow Haven Designs, LLC

For good and valuable consideration, the undersigned. Laken Anderson, as Manager of Willow Haven Designs, LLC, a Florida limited liability company ("Assignor") executes this Assignment this 12 day of December 2024, and by execution hereof the Assignor hereby states as follows:

- I am the manager of Willow Haven Designs, LLC, a Florida limited liability company, filed August 12, 2024, under Document Number L24000354027.
- I no longer wish to do business under this name and authorize the release of the name for purposes of filing Articles of Conversion of my Texas company.
- Thereby assign and transfer all right, title and interest of the corporate name
 Willow Haven Designs, LLC, a Florida limited liability company, to Willow Haven
 Designs, LLC, a Texas limited liability company ("Assignee").

Willow Haven Designs, LLC, a Florida limited liability company

By: Laken Anderson, as its Manager

STATE OF HOUSE SS.

The foregoing instrument was sworn to and acknowledged before me, an officer duly authorized in the State and County aforesaid, by means of M physical presence, or 14 online notarization, this 12 day of 12 c 2024, by Laken Anderson, as Manager of Willow Haven Designs, LLC, a Florida limited liability company, who executed the foregoing instrument and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 12 day of Olc.

2024.

NOTARY PUBLIC USA HEALINY (Typed/printed name) Notary Commission No.: HH USE 189

My Commission Expires:

Personally Known or Produced Identification Type of Identification Produced [1] (A)

vers license

LISA HENDRIX
MY COMMISSION # HH 058489
EXPIRES: January 15, 2025
Fonded Thru Notary Public Underwriters

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Willow Haven Designs, LLC	
(Name of Re	esulting Florida Limited Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	cles of Organization, and fees are submitted to convert an "Othe Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:
Laken Anderson	
(Contact Person)	
(Firm/Company)	<u></u>
42461 Cascade Drive	-
(Address)	
Babcock Ranch, FL 33982	
(City, State and Zip Code)	
Laken.willowhavendesigns@gmail.com	
E-mail Address: (to be used for future annual t	report notifications)
For further information concerning this m	atter, please call:
Laken Anderson	at (920)573-9658 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US to United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing Fees and Certified Copy ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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 <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: Willow Haven Designs, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
January 19, 2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Willow Haven Designs, 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 12 day of December	20 24	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Laken Anderson	<u></u>	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature:Printed Name: Laken Anderson	Title: Member	-
Signature:		_
Printed Name: James Anderson	Title: Member	-
Signature:Printed Name:	Title:	<i>.</i> -
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	202.
Signature:Printed Name:	Title:	16EC 30
If Florida Corporation: Signature of Chairman. Vice Chairman. Director, or If Directors or Officers have not been selected, an Inc.		PHILL 2
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:	, <u>,</u>
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	2024 DEC SECRETO TATEL
Willow Haven Designs, LLC	3
(Must contain the words "Limited Liability	v Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
42461 Cascade Drive	42461 Cascades Drive
Babcock Ranch, FL 33982	Babcock Ranch, FL 33928
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations) business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Laken Anderson	
Name	· · · · · · · · · · · · · · · · · · ·
42461 Cascade Drive	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
Babcock Ranch	FL 33982
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						
MGR	Laken Anderson					
	42461 Cascade Drive					
	Babcock Ranch, FL 33982					
	15 E					
	÷ 😽					
(Use attachment if necessary)						
FICLE V: Other provisions, if any.						
						
REQUIRED SIGNATURE:						
	_					
Signature of a member o	r an authorized representative of a member					
	ce with section 605.0203 (1) (b), Florida Statutes, I am aware that					
any false information submitted in a doc as provided for in s,817.155, F.S.	cument to the Department of State constitutes a third degree felony					
as provided for in \$,617,172, 17.5.						
Laken Anderson						

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)