

L25000013773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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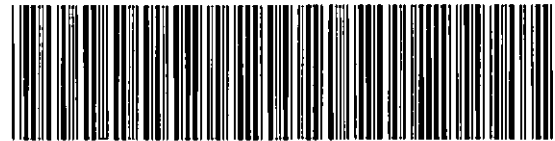
(Business Entity Name)

(Document Number)

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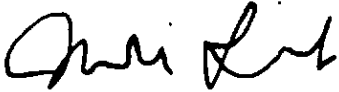
ARTICLES OF CONVERSION
FOR
"OTHER BUSINESS ENTITY"
INTO
FLORIDA LIMITED LIABILITY COMPANY

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 Fla. Stat. § 605.1045.

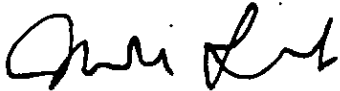
1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Camp Wiggles LLC
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of Illinois.
3. The "Other Business Entity" was formed on May 27, 2015.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Camp Wiggles LLC
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this December 12, 2024.

Signature of the Authorized Representative of the Limited Liability Company:

Signature: 
Julia List, Manager

Required Signatures on behalf of the Other Business Entity:

Signature: 
Julia List, Manager

ARTICLES OF ORGANIZATION

FOR

**CAMP WIGGLES LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I.

Name

The name of the Limited Liability Company is: Camp Wiggles LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

3000 S Ocean Blvd, Unit 1003
Boca Raton, Florida 33432

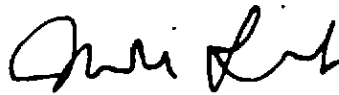
ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Julia List
3000 S Ocean Blvd, Unit 1003
Boca Raton, FL 33432

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.



(sign)

Julia List

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ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Julia List 3000 S Ocean Blvd, Unit 1003 Boca Raton, Florida 33432

ARTICLE V.

The Effective date shall be the date of filing.


_____ (sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Julia List
Authorized Representative/Member

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DEPT OF STATE
FILE