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(Requestor's Name)
(Addrong)	
(Address)	
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,	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(200	,
(Document Numbe	г)
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Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2023 ' ' - J AH 8: 47

December 19, 2022

JACOB TOLL 2545 BAY AVENUE MIAMI BEACH, FL \$3140

SUBJECT: WAYSTEEP CORP. Ref. Number: W22000156300

We have received your document for WAYSTEEP CORP, and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the dorrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any duestions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 022A00028296



COVER LETTER

TO: New Filing Section Division of Corporation	
_{SUBJECT:} Waystee	
	Name of Resulting Florida Profit Corporation
The enclosed Articles of Conve entity into a "Florida Profit Co	ersion, Articles of Incorporation, and fees are submitted to convert the following eligible poration" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondenc	
Jacob B. Toll	
Cor	tact Person
Firm	Company
2545 BAY AVEN	NUE
	ddress
MIAMI BEACH,	FL 33140
	and Zip Code
jtoll@lewissteelb	uilding.com or future annual report notification)
For further information concerning	·
Jacob B. Toll Name of Contact Person	ar (215 \ \ 378-2999
Enclosed is a check for the following	
■ \$105.00 Filing Fees □\$113.75 and Certif Status	Filing Fees
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 Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

	The state of the s
1. The name of the Converting i	Entity immediately prior to the filing of the Articles of Conversion is:
Waysteep LLC	
	Enter Name of the Converting Entity
2. The converting entity is a lir	nited liability company
generai į	ity type. Example: limited liability company, limited partnership, partnership, common law or business trust, etc.)
first organized, formed or incorp	prated under the laws of the State of Florida
on 11/28/2022	nter state, or if a non-U.S. entity, the name of the country)
Enter date	"Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Waysteep Corp.	Corporation as set forth in the attached Articles of Incorporation:
	Enter Name of Florida Profit Corporation
4. This conversion was approved to current/organic jurisdiction.	by the eligible converting entity in accordance with this chapter and the laws of its
Note: If the date inserted in this b	ling, enter the effective date: rior to nor more than 90 days after the date this document is filed by the Floridation ock does not meet the applicable statutory filing requirements, this date will not be late on the Department of State's records.

2023 JAN - 5 AM 12: 00

	er ₂₀ 22
Required Signature for Florida Profit Corporat	
Signature of Director, Officer, or, if Directors or O	fficers have not been selected, an Incorporator:
Printed Name: Jacob B. Toll Title: D	irector
Required Signature(s) on behalf of Converting leading of Converting leading (See below for sequired signature(s).]	Florida partnerships, limited partnerships, and limited liability
Signature:	
Printed Name: Jacob B. Toll	_{Title:} Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
f Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
f Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	lity Limited Partnership:
f Florida Limited Liability Company: signature of a Member or Authorized Representative	re.
All others: lignature of an authorized person.	
Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional)

\$8.75 (Optional)

Certificate of Status:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	aystreet Corp.
	=
The principal place of business/mailing addr	
Principal street address	Mailing address, if different is:
2545 BAY AVENUE, MIAMI BEACH, FL 33140	
ARTICLE III PURPOSE The purpose for which the corporation is o	organized is:
any legal purpose	
any regar parpose	
ARTICLE IV SHARES The number of shares of stock is:	
The number of shares of stock is:	
ARTICLE V OFFICERS AND OR	
Name and Title: Jacob B. Toll/Presi	Name and Title:
2545 BAY AVENUE, MIAN BEA	ACH, FL 33140 Address:
Address.	
Name and Title:	
Address:	Address:
	Alson A
	Name and Title:
Name and Title:	
Address:	Address:
	Address:
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