# L25000001185

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



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### **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.

(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a			
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	aw or busir	iess trust	, etc.)
First organized, formed or incorporated under the laws of			
First organized, formed or incorporated under the laws of	me of the c	country)	
3/15/2005 on			
(date of organization, formation or incorporation)			
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Article</li> <li>Sjodin Photography LLC</li> </ol>	s of Org	anizati	on:
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date:  The first date of many to date of magint as filed date not many than 90 or			
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 c the date this document is filed by the Florida Department of State.)	alendar	days a	fter
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be li	isted as t	he
5. The plan of conversion has been approved in accordance with all applicable statutes.	<b>→</b> :	2024	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal	rights the	1 1	it to <sub>r</sub>
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.		C 2	 1
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Signed this 15th day of December	#2F 2024			
Signature of Authorized Representative of Aim				
Signature of Authorized Representative:  Printed Name: Camilla Sjodin	itle: Manager			
Signature(s) on tenell of Other Business Entity:	See below for required signature(s)]			
Signature: Printed Name; the CCs Living Trust	Title: Managing Member			
Trined Name. the God Elving Trust	Title: Managing Weinbei			
Signature:Printed Name:	Title			
Signature: Printed Name:	Title			
Signature:Printed Name:	Title			
Timed Name.				
Signature:Printed Name:	Title			
Timed Name.				
Signature:	Tit			
Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	<u> </u>	<b>~</b> 3	
All others: Signature of an authorized person.			2021 DEC	_
Fees:		;	27	į
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		AH 6: 56	;

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
Sjodin Photography LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE 11 - Address: The mailing address and street address of the	principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
1531 West Lemon Street #2204	1531 West Lemon Street #22	04
Tampa, FL 33606	Tampa, FL 33606	
business entity with an active Florida registration.)  The name and the Florida street address of the  Camilla Sjodin		
Nai	ne	
1531 West Lemon Street #2 Florida street address (P.	204 O. Box <u>NOT</u> acceptable)	
Tampa	I <sup>F</sup> L 33606	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and compete accept the obligations of my position as recept the Agent's Si	in this certificate. Thereby accepticity. I further agree to comply very performance of my duties, and registered agent as provided for i	ot the appointment as with the provisions of all Lam familiar with and
		<sup>ን</sup> ! ሺ

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager <b>MG</b> R	Camilla Sjodin		
MOR	1531 West Lemon Street #2204		
	Tampa, FL 33606		
	1411pa, 1 2 0000		
MGR	the CCS Living Trust		
	5950 Spring Ranch Pkwy		
	Las Vegas, NV 89118		
	<del></del>		
	·		
(Use attachment if necessary)			2824
(Ose attachment in necessary)			
			030
ARTICLE V: Other provisions, if any.			$\sim$
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REQUIRED SIGNATURE:	_	, -	١ ون
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- 1			

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.

Camilla Sjodin

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)