# La50000339aa7

| (Requestor's Name)                                     |  |  |  |  |
|--|--|--|--|--|
| (Address)  |  |  |  |  |
| (Address)  |  |  |  |  |
| (City/State/Zip/Phone #)                               |  |  |  |  |
| PICK-UP WAIT MAIL                                      |  |  |  |  |
| (Business Entity Name)                                 |  |  |  |  |
| (Document Number)                                      |  |  |  |  |
| Certified Copies Certificates of Status                |  |  |  |  |
| Special Instructions to Filing Officer: 61101125       |  |  |  |  |
| Criven permission by<br>Ccient on 1/28/25<br>by phone. |  |  |  |  |
| by phone.  |  |  |  |  |

Office Use Only



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S. CHATHAM
JAN 28 22.3

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## COVER LETTER

| TO:                 | New Filing Section Division of Corporation  | s                              |                                   |                          |  |
|---------------------|---|--------------------------------|-----------------------------------|--------------------------|--|
| SUBJ                | ECT: BLOGZILLA LLC  |                                |                                   |                          |  |
| ., ., .,            |   | (Name of Resul                 | ting Florida Limi                 | ted Con                  | pany)  |
| The e<br>Busin      | nclosed Articles of Conve<br>ess Entity" into a "Florida  | rsion, Article<br>Limited Lial | s of Organizati<br>bility Company | ion, and                 | d fees are submitted to convert an "Other<br>coordance with s. 605.1045, F.S.                              |
| Please              | return all correspondence   | e concerning                   | this matter to:                   |                          |  |
| Antho               | ny Morales  |                                |                                   |                          |  |
|                     | (Contact I  | Person)                        | <del></del> , <u>-</u>            | -                        |  |
| MyUS                | ACorporation.com  |                                |                                   |                          |  |
|                     | (Firm/Co  | npany)                         | <u>-</u>                          | _                        |  |
| 1 Rad               | isson Plaza, Suite 800  |                                |                                   |                          |  |
|                     | (Addr   | ess)                           |                                   | ••                       |  |
| New F               | Rochelle, NY 10801  |                                |                                   |                          |  |
|                     | (City, State an   | d Zip Code)                    |                                   | ••                       |  |
| info@               | myusacorporation.com  |                                |                                   |                          |  |
| E-r                 | nail Address: (to be used for fu  | ture annual repo               | ort notifications)                | <del>-</del>             |  |
| For fi              | orther information concern  | ing this matte                 | er. please call:                  |                          |  |
| Antho               | ny Morales  |                                | at (                              | 330-                     | 2677   |
|                     | (Name of Contact Person)  | <del></del>                    |                                   | ) (Day                   | time Telephone Number)   |
| Enclo<br>dollar     | sed is a check for the follows and drawn on a bank loo  | owing amoun<br>cated in the U  | t: (All checks p<br>nited States) | orocess                  | sed by this office must be payable in US   |
| (\$25 fd<br>& \$12; | 50.00 Filing Fees and Certific Status anization)  | Filing Fees<br>cate of         | S180.00 Filing and Certified Cop  |                          | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status   |
|                     | Mailing Address: New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | s                              |                                   | New I<br>Divisi<br>The C | : Address:<br>Filing Section<br>on of Corporations<br>Jentre of Tallahassee<br>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.

| I.<br>BL  | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: OGZILLA LLC   |
|-----------|---|
|           | (Enter Name of Other Business Entity)   |
| 2.        | The "Other Business Entity" is aLimited Liability Company   |
|           | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| Fir       | rst organized, formed or incorporated under the laws of   |
| on        | 06/10/2005  |
|           | (date of organization, formation or incorporation)  |
|           | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  OGZILLA LEC   |
|           | (Enter Name of Florida Limited Liability Company)   |
| 4.        | If not effective on the date of filing, enter the effective date:   |
| the<br>No | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records. |
|           | 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 28th day of November  | 20 <u>24</u> .   |                   |  |  |
|---|--|-------------------|--|--|
| Signature of Authorized Representative of Limit   | ted Ljability Company:   |                   |  |  |
| Signature of Authorized Representative: Printed Name: Eliane Fiolet   | Title: Mamber  | _                 |  |  |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)]                           | _                 |  |  |
| Signature:  | 1.75   |                   |  |  |
| Signature:  | Title: Member  | <del></del>       |  |  |
| Signature:  |  |                   |  |  |
| Signature:Printed Name:   | _ Title:   | _                 |  |  |
|   |  |                   |  |  |
| Signature:Printed Name:   | Tistor   | _                 |  |  |
| rimed (vanie  | _ rite,  | <del></del>       |  |  |
| Signature:Printed Name:   |  |                   |  |  |
| Printed Name:   | Title:   | <del>-</del>      |  |  |
| Signature:  |  |                   |  |  |
| Printed Name:   | Title:   | <del>-</del><br>  |  |  |
| Signature:  |  |                   |  |  |
| Printed Name:   | Title:   | <u>-</u>          |  |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. |  |                   |  |  |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.  | y Limited Partnership:   |                   |  |  |
| All others:<br>Signature of an authorized person.   |  |                   |  |  |
| Fees:   |  |                   |  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:   | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) | PH STORY TO STORY |  |  |
|   |  | , S               |  |  |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name:  |   |                       |  |  |
|--|---|-----------------------|--|--|
| The name of the Limited Liability Company  | is:                                       |                       |  |  |
| BLOGZILLA LLC  |   |                       |  |  |
| (Must contain the words "Limited Lia   | bility Company, "L.L.C.," or "L.L.C.")    |                       |  |  |
| ARTICLE II - Address:  |   |                       |  |  |
| The mailing address and street address of the  | principal office of the Limited           | Liability Company is: |  |  |
| Principal Office Address:  | Mailing Address:                          |                       |  |  |
| 2234 North Federal Hwy #8004   | 2234 North Federal Hwy #8004              |                       |  |  |
| Boca Raton, FL 33431   | Boca Raton, FL 33431                      |                       |  |  |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Incorp Services, Inc. | egistered Agent. You must designate an ir | adividual or another  |  |  |
|  | ame                                       |                       |  |  |
| 3458 Lakeshore Drive   |   | PM 3: 37 CESTATE      |  |  |
| Florida street address (I  | P.O. Box <u>NOT</u> acceptable)           |                       |  |  |
| Tallahassee  | FL 32312                                  |                       |  |  |
| City   | Zip                                       |                       |  |  |
| Havina boon named as registered agent as   | elter annual a main a Company             |                       |  |  |

.:

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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|---|----|-------------|----|----|-------|
| 4 | ĸ  |             |    | H. | · -   |

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  AMBR              | Eliane Fiolet 990 NW 10th Street  |                       |  |  |
|  | Boca Raton, FL 33486  |                       |  |  |
| AMBR                                     | Huu Hai Bang Nguyen 990 NW 10th Street  |                       |  |  |
|  | Boca Raton, FL 33486  |                       |  |  |
|  |   |                       |  |  |
| ·  |   |                       |  |  |
|  |   | <u> </u>              |  |  |
|  |   | 77.<br>77.<br>77.     |  |  |
|  |   | Jan -                 |  |  |
|  |   |                       |  |  |
| (Use attachment if necessary)            |   |                       |  |  |
| ARTICLE V: Other provisions, if any.     |   | : 37                  |  |  |
|  |   |                       |  |  |
| REQUIRED SIGNATURE:                      | Tide  |                       |  |  |
| This document is executed in accordance  | an authorized representative of a with section 605.0203 (1) (b), Florida Statement to the Department of State constitutes | utes. I am aware that |  |  |
|  | Eliane Fiolet   |                       |  |  |

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)

#### SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31st, 2024.

|                             |           | Dated: January 9 <sup>th</sup> , 2024 |
|-----------------------------|-----------|---------------------------------------|
| Louise Breytenbach Chief Op |           |                                       |
| STATE OF NEVADA             | )         |                                       |
| COUNT OF CLARK              | ) ss<br>) |                                       |

)

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 9th, 2024, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

Notary Public in the State of Nevada

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My Commission Expires: June 10+2025

