# L25000056285

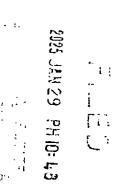
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAŁL
(Business Entity Name)
,, ,,
(Document Number)
Certified Copies Certificates of Status
Charles Leavesting to Filling Office
Special Instructions to Filing Officer:





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01/28/25--01028--015 \*\*150.00



### **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	Limited Liability Company
	type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed	or incorporated under the laws of
09/07/2021	
	ormation or incorporation)
3. The name of the Flo	rida Limited Liability Company as set forth in the attached Articles of Organization:
	McArdle Blueprint LLC
	(Enter Name of Florida Limited Liability Company)
	te date of filing, enter the effective date:  Annot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document Note: If the date inserted in document's effective date or	It is filed by the Florida Department of State.) In this block does not meet the applicable statutory filing requirements, this date will not be listed as the in the Department of State's records.
the date this document Note: If the date inserted in document's effective date or	this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 16 day of January	20 <u>25</u>
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative: Cod	y m Cardle
Signature of Authorized Representative:Cody Printed Name:Cody McArdle	Title: AMBR. MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signatura: Cody n Cardla	
Signature: Cody McArdle Printed Name: Cody McArdle	Title: AMBR, MGR
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Titles
Trined Name.	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Litte:
Signature	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
•	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	npany is:
McArdle Blu	
(Must contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5155 Beland Drive	5155 Beland Drive
Lake Worth, FL 33467	Lake Worth, FL 33467
	<del></del>
5155 Beland Drive	Name
Co	Name
Co	Name ess (P.O. Box <u>NOT</u> acceptable)
Co 5155 Beland Drive Florida street addr	ress (P.O. Box NOT acceptable)  FL 33467

(CONTINUED)

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	$\mathbf{r}$		<b>.</b>	 ٠.	1 V -

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

'AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Cody McArdle
	5155 Beland Drive.
	Lake Worth, FL 33467
Use attachment if necessary)	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	cardle
REQUIRED SIGNATURE:  cody M Signature of a member o	
Signature of a member o This document is executed in accordance any false information submitted in a document.	r an authorized representative of a member; an authorized representative of a member; and authorized representa
Signature of a member o  This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	r an authorized representative of a member: " the with section 605.0203 (1) (b). Florida Statutes, I am aware tument to the Department of State constitutes a third degrees.  Cody McArdle
Signature of a member o  This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	r an authorized representative of a member; or with section 605.0203 (1) (b). Florida Statutes. I am aware tument to the Department of State constitutes a third degrees.