125000066587



(Requestor's Name)	
(Address)	900443
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/94/2591
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COVER LETTER

Division of Corporations		
SUBJECT: 2Can Creations LLC		
(Name of Res	ulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li-		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Nadine A. McKenzie		
(Contact Person)		
2Can Creations LLC		
(Firm/Company)		
701 Fairhaven St.		
(Address)		
N.E. Palm Bay, FL, 32907		
(City, State and Zip Code)		
nadinemckenzie1429@gmail.com		
E-mail Address: (to be used for future annual rep	port notifications)	
For further information concerning this mat	tter, please call:	
Nadine A. McKenzie	_at (<u>347</u>	_\ 592 8793
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the l		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$\$ \$150.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop	
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

"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 s.605.1045, Florida Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AN CREATIONS LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LIMITED PARTNERSHIP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	NOVEMBER 22, 2021
Oil	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	2CAN CREATIONS LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
•	ne effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	date this document is filed by the Florida Department of State.)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
5. 7	The plan of conversion has been approved in accordance with all applicable statutes.
	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 20 day of DECEMBER	_20 <u>24</u>			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative:	Title: OWNER			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
Signature: Printed Name: KAVIN S.A. McKENZIE	Title: OWNER			
Signature:Printed Name:				
Signature:				
Printed Name: Signature:				
Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
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 Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:
The name of the Li	mited Liability Company is:
	OCAN ODEATIONS LLO
(Mu	2CAN CREATIONS LLC st contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
, .	so contain the words. Elimined Endomy Conspicing, Elimined, or Edd.
ARTICLE II - Ad	
The mailing addres	s and street address of the principal office of the Limited Liability Company is:
Principal Office A	ddress: Mailing Address:
701 FAIRHAVEN ST	1081 Port Malabar Blvd NEFELIM Brey Florida 329105
N.E. PALM BAY	NEFELM Bery
FLORIDA	Florida, 329105
(The Limited Liability Cobusiness entity with an a	egistered Agent, Registered Office, & Registered Agent's Signature: Impany cannot serve as its own Registered Agent. You must designate an individual or another active Florida registration.) Florida street address of the registered agent are:
The name and the I	
	Nachne A McKenzie
	Name
	Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable)
NR	Palm Bay FL 32905
	City Zip
liability compo registered agent o statutes relating	ned as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate. I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of all to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

AKTICLE IV.	TICLE IV-
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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 MGR/AMBR	NADINE A. McKENZIE	
MORAWIBR	701 FAIRHAVEN ST	······································
	N.E. PALM BAY, FLORIDA, 32907	
MGR/AMBR	KAVIN S.A. McKENZIE	
MOTVAMBIT	701 FAIRHAVEN ST	
	N.E. PALM BAY, FLORIDA, 32907	
		
		25
		-14 PH 4:
(Use attachment if necessary)		STATE
ARTICLE V: Other provisions, if any.		2. V
REQUIRED SIGNATURE: N	m. Na Marchi	
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am ament to the Department of State constitutes a third degr	ware that ree felony

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NADINE A. McKENZIE

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)