L250006849 2-18-25

(Rec	questor's Name)		
(Address)			
(Add	dress)		
(City	/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		

Office Use Only

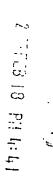


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COVER LETTER

SUBJECT: ALL'S WELL VYBRATIONS LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Michelle Demicco
ALL'IS WELL VIBRATIONS LLC (Firm/Company)
3301 NE JET AVE APT 1704 (Address)
Mi Ami FL 33137 (City, State and Zip Code)
demicco, michelle ogmail. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certified Copy & \$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

New Filing Section

Division of Corporations

TO:

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a FLCKIDA PROFIT CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORYDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 11712025
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ALL 18 WELL VIBRATIONS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2121 25.
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
·
5. 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 5 day of tebrualy	2025		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Wickellers Mickellers Mickellers	icuelle De Mecco	V EC)
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Michelle Der Printed Name: Michelle Der Good	lico		
Printed Name: M? Chelle Demicco	Title: Owner mar Ct	50	
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		1
Signature: Printed Name:	Title:		C:0
Signature:Printed Name:	Title:	. 12)	PH 12: 32
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-		no Ti-1	32
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
ALL 98 WELL	VPBRATPONS LLC
(Must contain the words "Limited Liab	ility 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:
3301 WE IS AVE APT 1704 MIAMI FL 331317	3301 NE J& AVE APT 1704 MAMI FL 33137

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another, business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

3301 NE 1St AUC APT 1704

Florida street address (P.O. Box NOT acceptable)

Miami E 33/37

ty Zip

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	MPChelle Demice D 3301 NETS AVE APA 1704 Miami FL 33137
	
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	<u> </u>
(Use attachment if necessary)	PA 12: 32
TICLE V: Other provisions, if any.	32
REQUIRED SIGNATURE:	

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, 1 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.

Typed or printed name of signed

Typed or printed name of signed

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)