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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Mind Your Intentions LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
TAMMY HOLMES (Contact Person)
Mind Your Intentions LLC
(Contact Person) Mind Your Intentions LLC (Firm/Company) 276 Bell Tower Xing West (Address)
Kissimmee, FL 34759 (City, State and Zip Code)
holmes, Tammy 850 Vahoo, com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Tammy Holmes at (863) 313-3064 (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 & Status of Organization) \$155.00 Filing Fees and Certified Copy & Status \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

New Filing Section

P. O. Box 6327

STREET ADDRESS: New Filing Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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: MIND YOUR TNIFTION LEC (Enter Name of Other Business Entity)
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a MIND YOUR INTENTION 210 ARIZONA (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	est organized, formed or incorporated under the laws of $\frac{Ar}{2cn} = 3/18/209$ (Enter state, or if a non-U.S. entity, the name of the country)
on	$\frac{3/18/2009}{\text{(date of organization, formation or incorporation)}}$
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Mrno your Intervious LC (Enter Name of Florida Limited Liability Company)
(T the <u>No</u>	If not effective on the date of filing, enter the effective date: 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.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sument's effective date on the Department of State's records.
5.	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.
	FILED 19 JAN 22 AM II: 25 SLUCKLISAN TO PAIN MILLANASSITE TO PAIN MILL

Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: 1AMMY HOLMES		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)	,
Signature: Jam My Hocm	- EGitle: <u>OWNER</u>	5 tamed
Signature:		
Signature: Printed Name:	Title:	-
Signature: Printed Name:	Title:	
· · · · · · · · · · · · · · · · · · ·		
Signature:Printed Name:		-
Printed Name:		-
Signature:		
Printed Name:	Title:	-
a1		
Signature:	221	-
Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		755 1
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED 9 JAN 22 MI EGGE MANY ET AND

Signed this 11th day of December 20 18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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<u> </u>	men el marke muse elected el	<u> </u>
ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
		ITION: LLC
(Must contain the words "Limited	Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Addres	<u>ss:</u>
276 Bell Tower King W Klassimmer, FL 34759	est 276 B	ell Tower King West. mnee, FL 34759
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Regist n Registered Agent. You must d	ered Agent's Signature: esignate an individual or another
The name and the Florida street address o	f the registered agent are	<u>:</u>
PSL M.	1500	
	Name	
	7) /
	Jendon Ki	<u>d, </u>
Florida street addres	s (P.O. Box NOT accept	table)
<u>Kissin</u> City	MeCFL 39	<u>i759</u>
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	and to accept service of ated in this certificate, I h capacity. I further agree plete performance of my	nereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and
	Mului Signature (REQUIRE	SLCALL TO JAN
(CO	NTINUED)	AHII: 25

ARTICLE IV-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	
AMBR	TAMMY HOCMES
	271, Bell Tower Xing U
	-king to
	TAMMY HOLMES 274 Bell Tower Xing U Kissimmee, FL 3475
-	
•	
•	
(Use attachment if necessary)	
(Ose attachment if necessary)	% N 03 N
LE V: Other provisions, if any.	
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	10
REQUIRED SIGNATURE:	
(/	
	ag -
Signature of a member or	an ruthorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
any false information submitted in a docu	ment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	
TAM	my HOLMES The ped or printed name of signee
	rped or printed name of signee
.,	Filing Fees
\$125.00 Filing Fee for Articles	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)