

L1900023007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

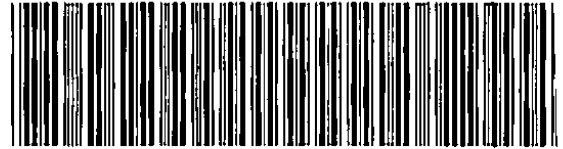
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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2019 SEP 30 AM 10:34  
SECRETARY OF  
TALLAHASSEE COUNTY

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2019

TYLER JOHNSTON  
10318 HUNTERS HAVEN BLVD  
RIVERVIEW, FL 33578 US

SUBJECT: I'M LOCKED  
Ref. Number: W19000080938

We have received your document for I'M LOCKED and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As I searched through the records the name of the business is not listed on our SUNBIZ website. The Conversion Forms you submitted cannot be used at this time. We are able to still file your document, only using the Limited Liability Company articles provided. The cost of filing for a Limited Liability Company (LLC) is \$125.00. There will be a balance of \$25.00 left and in order to receive that refund we would need a letter stating you would like the remaining balance sent back to the your address. If you have any further questions or concerns, please do not hesitate to contact me at 850-245-6052.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 819A00018220

SECRETARY OF STATE  
ALLIANCE FOR FLORIDA

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2019 SEP 30 PM 12:13

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** I'm Unlocked  
\_\_\_\_\_  
(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:

Tyler Johnston  
\_\_\_\_\_  
(Contact Person)

I'm Unlocked  
\_\_\_\_\_  
(Firm/Company)

10318 Hunters Haven BLVD  
\_\_\_\_\_  
(Address)

Riverview, FL. US 33578  
\_\_\_\_\_  
(City, State and Zip Code)

tylerjohnstonpro15@gmail.com  
\_\_\_\_\_  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Tyler Johnston at (803) 530-7894  
\_\_\_\_\_  
(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)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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, Flo Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is  
I'm Unlocked \_\_\_\_\_

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a \_\_\_\_\_ Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,

First organized, formed or incorporated under the laws of \_\_\_\_\_ Florida, USA  
(Enter state, or if a non-U.S. entity, the name of the country)

on February 18, 2019  
\_\_\_\_\_  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**  
I'm Unlocked \_\_\_\_\_

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_ July 23, 2019  
**(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.

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TALLAHASSEE, FLORIDA

Signed this July day of 23 2019.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Tyler Johnston Title: Mr.

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]  
Printed Name: Tyler Johnston Title: Mr.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

OFFICIAL  
CALL ARASSEE

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IM UNLOCKED L.L.C

(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 the Limited Liability Company:

**Principal Office Address:**

**Mailing Address:**

10318 Hunters Haven BLVD  
Riverview, FL. US 33578

10318 Hunters Haven BLVD  
Riverview, FL. US 33578

**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:

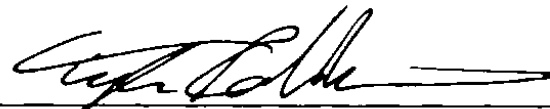
Tyler Johnston  
Name  
10318 Hunters Haven BLVD  
Florida street address (P.O. Box **NOT** acceptable)  
Riverview FL 33578  
City Zip

SECRETARY OF STATE  
ALL AHASSEE COUNTY

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*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 a 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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Andrea Johnston

10318 Hunters Haven BLVD

Riverview, FL. 33578

AMBR

Karen Johnston

5595 Victory Loop

Manassas, VA 20112

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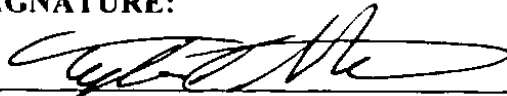
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(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

Conversion of CORP to LLC.

**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. I 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.

Tyler Johnston

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)**