L1000048854

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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EXAMINER



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SECRETARY OF STATE
TAIL AHASSEE, FLORIC



Byron R. Samuels "THINK" A.H.E.A.D. USA 9147 Highland Ridge Way Tampa, FL 33647

October 29, 2012

SunBiz Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations:

Please accept the enclosed articles in support of changing my LCC, "THINK" A.H.E.A.D. USA LLC, Number: 10000048854, from and LLC to a Corporation. I would like for the LLC to be eligible to become a corporation immediately after the dissolution of the LLC. Upon that time, I would like the corporation name to become, "THINK" A.H.E.A.D. USA Incorporated. (Basically the same name).

In recent weeks I have spoken with several officials with the State of Florida regarding this matter and have been assured that this is a common practice and should not be a problem. I thank you for your assistance with this matter. If you need to call me please do so at: 813.215.8110 or 813.994.1202. My email address is

10/29/12

Thank you so much.

Sincerely,

Byrøn R. Samuels

"PHINK" A.H.E.A.D. USA

COVER LETTER

	ation Section n of Corporations			
SUBJECT: TI	HINK A.H.E.A.D. LLC			
	(Name of I	Limited Liability Company)		
The enclosed Ar	ticles of Dissolution and fee(s) are su	bmitted for filing.		超
Please return all	correspondence concerning this matt	er to the following:		
	Byron R. Samuels			
		(Name of Person)		
	THINK A.H.E.A.D. LLC	;		D. D
		(Firm/Company)		····
	9147 Highland Ridge \	V ay	· ,	
		(Address)		3
	Tampa, FL 33647			
	(Ci	ty/State and Zip Code)		
For further infor	mation concerning this matter, please	e call:		
Byro	n R. Samuels	813	215-81	10
<u>-,,,,</u>	(Name of Person)	at ()_(Area Code &	Daytime Te	lephone Number)
Enclosed is a chec	k for the following amount:			
\$25.00 Filing F	ee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

4 57	
1. The name of a limited liability company is	
THINK A.H.E.A.D. LLC	2 2
May 6	2010
2. The Articles of Organization were filed on May 6,	and assigned document numb
L10000048854	ن الله الله الله الله الله الله الله الل
.)	A REFERENCE
3. The date the dissolution was approved:	29/2012
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back covered to the co	
I, Byron R. Samuels am dissolving the	LLC, THINK A.H.E.A.D effective onc
approved by the state of Florida for the	ne purpose of changing the LLC into
an incorporation, later to file as a 501c	3, non profit.
5. CHECK ONE:	
	ited liability company have been paid or discharged.
OR- Adequate provision has been made for the deb	ots, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	
7. CHECK ONE:	
r 	
☐ There are no suits pending against the compar	•
Adequate provision has been made for the sati entered against it in any pending suit.	isfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of me	embership interests necessary to approve the dissolution
Signature	Printed Name
By /m/ 10/29/12	Byron R. Samuels
2) /2 / MA 19/21/12	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	