L15000014939

(Req	uestor's Name)	<u>. </u>
(Addi	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	
Certified Copies	Certificate	s or Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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SECRETARY OF STATE

5 JAN 26 AM 9:30

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January 6, 2015

MATTHEW BECKER 5582 MILLBEND PL GULF BREEZE, FL 32563

SUBJECT: MOM AND DAD MONEY, LLC

Ref. Number: W15000000584

We have received your document for MOM AND DAD MONEY, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 815A00000159

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	Registration S Division of C					
SUBJE	CT: Mom ar	nd Dad Money, LLC				
			of Res	sulting Florida	Limit	ed Company)
				_		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please re	eturn all corre	espondence concerning	g this	s matter to:		
Matthe	w Becker					
		(Contact Person)				
Mom ar	nd Dad Mon	ey, LLC				
		(Firm/Company)		· · · ·		
5582 M	illbend Pl				• • •	
		(Address)				
Gulf Bre	eeze, FL 32	563				
		City, State and Zip Code)				
matt@r	,	money.com				
E-mai	Address: (to b	e used for future annual re	port n	otifications)		
For furth	ner informatio	on concerning this ma	tter, j	please call:		
Matthey	w Becker		at (,508	,561	-5971
(Name of Conta	ct Person)	aı (· · · · · · · · · · · · · · · · · · ·	(Daj	ytime Telephone Number)
Enclosed	d is a check f	or the following amou	ınt:			
		\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	T ADDRES!	S:				ADDRESS:
-			stration Section ion of Corporations			
*			ox 6327			
	ecutive Cente	er Circle				FL 32314

Tallahassee, FL 32314

Tallahassee, FL 32301

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.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Article Mom and Dad Money, LLC	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Massachusetts	
12/18/2013 (Enter state, or if a non-U.S. entity, the r	name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic Mom and Dad Money, LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than	-
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there	
5. The plan of conversion has been approved in accordance with all applicable statutes.	ially secons
Page 1 of 2	JAN 26 AH 9: CORETAINY OF SIA

Signed this	15 day of December	20 <u>14</u>	
Signature o	of Authorized Representative of	Limited Liability Company:	
Signature o Printed Nan	f Authorized Representative:ne: Matthew Becker	MKA Title: Principal	
Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)).]
Signature:			
Printed Nan	ne:	Title:	
Signature:		Title:	
Printed Nan	ne:	Title:	Al-Annual Aduc
Signature:			
Printed Nan	ne:	Title:	
Signature:		TET A	
		Title:	
Signature:	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Title:	
Signature: _	201	Title:	THE COLUMN TWO IS NOT
rrinted Nan	IC.	i ide:	_
	Corporation: Chairman, Vice Chairman, Direct	or, or Officer.	
	or Officers have not been selected.		
	General Partnership or Limited I Cone General Partner.	ciability Partnership:	
If Florida L Signatures of	limited Partnership or Limited L of ALL General Partners.	iability Limited Partnership:	SECTION IN
All others: Signature of	an authorized person.		JAN 26 DRETARY AHASS
Fees:			
Fees Cert	cles of Conversion: s for Florida Articles of Organizatified Copy: cificate of Status:	\$25.00 sion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	9:30 CIAIC LORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Mom and Dad Money, LLC	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5582 Millbend Pl Gulf Breeze, FL 32563	5582 Millbend Pl Gulf Breeze, FL 32563
00.00000	ddii Diodes, i E oeooo
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist husiness entity with an active Florida registration.) The name and the Florida street address of the r Matthew Becker	ered Agent. You must designate an individual or another egistered agent are:
Name	F 22
5582 Millbend Pl	Section 2015 to the section of the s
Florida street address (P.O.	. Box NOT acceptable)
Gulf Breeze	FL32563
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
7001	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- The name and address of each person a Company:	authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Matthew Becker 5582 Millbend Pl Gulf Breeze, FL 32563
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
ARTICLE VI: Other provisions, if any.	ALL 55
REQUIRED SIGNATURE:	MASSEE FLOOR
(In accordance with section 605.0203 (1) constitutes an affirmation under the penal	or an authorized representative of a member. (a) (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, smitted in a document to the Department of State ded for in s.817.155, F.S.)
Matthew Decker	

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)

Typed or printed name of signee