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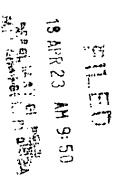
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | New Filing S Division of C | | | | |
|---------------------|--|---|---------------------------------------|---|--|
| SUR | FCT: A BETTI | ER TOMORROW COUNS | SELING AND CONS | ULTI | NG SERVICES, LLC |
| 3013. | <u></u> | (Name of Res | sulting Florida Limite | d Con | npany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please | e return all corr | espondence concernin | g this matter to: | | |
| WAT: | SON LOUIDOR | | | | |
| | | (Contact Person) | | | |
| A BE | TTER TOMORRO | W COUNSELING AND O | CONSULTING SER | | |
| | | (Firm/Company) | | | |
| 1320 | NE 28TH AVE | | | | |
| | | (Address) | | | |
| GAIN | ESVILLE, FL 326 | 09 | | | |
| | | City, State and Zip Code) | | | |
| WLO | UID01@HOTMAI | L.COM | | | |
| E-t | nail Address: (to b | e used for future annual re | port notifications) | | |
| For fu | ırther informati | on concerning this ma | tter, please call: | | |
| ARZE | LLA LOUIDOR | | _at () | 498-0 | 0088 |
| | (Name of Conta | ict Person) | (Area Code) | (Day | rtime Telephone Number) |
| | | or the following amou a bank located in the | | ocess | sed by this office must be payable in US |
| (\$25 fc & \$12: | 50.00 Filing Fees or Conversion 5 for Articles anization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing ! and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STRI | EET ADDRES | S: | MAILI | NG A | ADDRESS: |
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| | ion of Corporat | ions | | | Corporations |
| | n Building Executive Cent | er Circle | P. O. Bo Tallahas | | 27 FL 32314 |
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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: A BETTER TOMORROW COUNSELING AND CONSULTING SERVICES, INC

| (Enter Name of Other Business Entity) Corneration Corneration |
|---|
| 2. The "Other Business Entity" is a |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 08/22/2016 on |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: A BETTER TOMORROW COUNSELING AND CONSULTING SERVICES, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. 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.) 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 04TH | day of <u>APRIL</u> | 20_18 . | |
|---|---|---|----------|
| Signature of Author | orized Representative o | Limited Liability Company: | |
| Signature of Author | ized Representative: | | . |
| Printed Name: WATS | ON LOUIDOR | Title: PRESIDENT | |
| Signature(s) on beh | | tity: See below for required sign | ature(s) |
| Printed Name: ARZE | LLA HAWTHORNE-LOUIE | OR Title: VICE PRESIDENT | |
| -0- | | · · · · · · · · · · · · · · · · · · · | |
| Signature: | | (1) | |
| Printed Name: | | Title: | |
| Signature: | | | |
| Printed Name: | | Title: | |
| | | | |
| Drintad Manage | | Title: | |
| rrinted Name: | | Title: | |
| Signature: | | | |
| Printed Name: | | Title: | |
| | | | |
| Printed Name: | | Title: | |
| If Florida Corporat Signature of Chairma If Directors or Office | ion: an, Vice Chairman, Directers have not been selected Partnership or Limited 1 | or, or Officer. an Incorporator must sign. | |
| If Florida Limited F Signatures of ALL C | | ciability Limited Partnership: | |

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Cor | npany is: |
| A BETTER TOMORROW COUNSELING A | AND CONSULTING SERVICES, LLC |
| (Must contain the words "Lim | ited Liability Company, "L.L.C.," or "LLC.") |
| | |
| ADTICLE II Addmoon | |
| ARTICLE II - Address: The mailing address and street address | of the principal office of the Limited Liability Company |
| | of the principal office of the Limited Liability Company |
| | of the principal office of the Limited Liability Company Mailing Address: |
| The mailing address and street address | |
| The mailing address and street address Principal Office Address: | Mailing Address: |

(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:

| WATSON LOUIDOR | |
|---------------------------|--------------------------|
| Na | ame |
| 1320 NE 28TH AVE | |
| Florida street address (F | P.O. Box NOT acceptable) |
| GAINESVILLE | FL 32609 |
| City | 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)

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 MGR | WATSON LOUIDOR | |
| | 1320 NE 28TH AVE | |
| | GAINESVILLE, FL 32609 | |
| AMBR | ARZELLA HAWTHORNE-LOUIDOR | |
| | 1320 NE 28TH AVE | |
| | GAINESVILLE, FL 32609 | |
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| (Use attachment if necessary) | | · |
| | | <u> </u> |
| CLE V: Other provisions, if any. | | 9: 50 |
| CEL V. Outer provisions, if any. | الله الله الله الله الله الله الله الله | 5 |

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.

ARZELLA HAWTHORNE-LOUIDOR

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)