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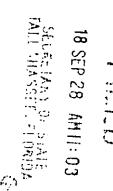
(Request	or's Name)
(Address	)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



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T SCHROEDER

# COVER LETTER

Division of Co	orporations			
SUBJECT: strive4ç	growth, Ilc			
30BJEC1	(Name of Res	ulting Florida Limite	l Company)	
				are submitted to convert an "Othence with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Laura Buchholz				
	(Contact Person)			
strive4growth				
	(Firm/Company)			
411 Walnut Street #140	032			
<del></del>	(Address)	-		
Green Cove Springs, F	L 32043			
	City, State and Zip Code)			
laura@strive4growth.co				
	e used for future annual rep	port notifications)		
For further information	on concerning this mat	tter, please call:		
Laura Buchholz		at ( 305 )	916-1623	
(Name of Conta	ct Person)	(Area Code)	(Daytime Te	lephone Number)
	or the following amou a bank located in the b	•	ocessed by	this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	Certif	85.00 Filing Fees, fied Copy, and ficate of Status
STREET ADDRESS	S:	MAILE	G ADDRI	ESS:
New Filing Section			ng Section	
Division of Corporati	ons		of Corpora	itions
Clifton Building 2661 Executive Center	ar Cirolo	P. O. Bo	k 6327 see, FL=32:	314
Tallahassee, FL 3230		i ananas	SCC, FL 32.	J1 <del>↑</del>

TO: New Filing Section

### 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: strive4growth
(Enter Name of Other Business Entity)
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
April 17, 2007 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:
strive4growth, Ilc
(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 this4 day of _September	20_18	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Laura Printed Name: Laura M Buchholz  Signature(s) on behalf of Other Business Entity:   Signature: Robert E Smith Printed Name: Robert E Smith	Buchholz  Distribution of the control of the contro	negovint ou imalinarispilinologicum (
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Robert E Smith	Digitally signed by Robert E Smith ON challobert E Smith, ovisitive-ligrowith, ou, emailerobert@streve-ligrowith.com, ceUS Date 2018/09/04 2052/41-05/07	RE SILLOS
Printed Name: Robert E Smith	Title: Co-Founder, President	_ <del>-</del>
Signature:Printed Name:	_ Title:	<del>-</del>
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Title:	_ -
Signature:Printed Name:	Title:	_
Signature: Printed Name:	Title:	<u>-</u>
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 ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		
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 18 SEP 28 MIII: 03 SEP 28 MIII: 03

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Company	is:		
	strive4growth,	llc		
(Mu	st contain the words "Limited Lia	hility Company, "L.L.C.,"	' or "LLC.')	
ARTICLE II - Ad The mailing addres	dress: s and street address of the	principal office of	the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Addi	ress:	
411 Walnut Street St	uite #14032	411 Walnut Str	eet Suite #140	)32
Green Cove Springs	, FL 32043	Green Cove Sp	orings, FL 3204	43
(The Limited Liability Co business entity with an a	egistered Agent, Registe impany cannot serve as its own Rective Florida registration.)	egistered Agent. You mus	st designate an ind	
The name and the f	Florida street address of th	ie registered agent a	are:	
	United States Corporation	<del> </del>		
	Na	ime		
	13302 Winding Oak Cou	rt Suite A		
	Florida street address (F	P.O. Box NOT acce	eptable)	
	Tampa	FL 33612	<del></del>	
	City	Zi	p	
liability comp registered agent of statutes relating	ned as registered agent an any at the place designated and agree to act in this cap to the proper and completing to the proper and completing at the proper and completing at the property of	d in this certificate, pacity. I further agrage performance of naregistered agent as  Cheyenne Mose of United States	I hereby acceptee to comply my duties, and provided for eley, Asst. Section	pt the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S retary on behalf
	Registered Agent's S	signature (REQUIR	(ED)	As
	(CONT	INUED)		F1L 18 SEP 28 /

### ARTICLE IV-

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

Name and Address:	
Laura M Buchholz	
411 Walnut Street Suite #14032	
Green Cove Springs, FL 32043	
Robert E Smith	
411 Walnut Street Suite #14032	
Green Cove Springs, FL 32043	
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	11 10
	Laura M Buchholz  411 Walnut Street Suite #14032  Green Cove Springs, FL 32043  Robert E Smith

### **REQUIRED SIGNATURE:**

Laura Buchhol:
----------------

Digitally signed by Laura Buchhotz DN cnetaura Buchhotz, oestrive4growth, ou, email-laura@strive4growth.com, cei Date: 2018 09.04 2051;17-05:00\* Louterly

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.

Laura Buchholz

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)