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(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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18 NOV - 7 PH IZ: 27
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

W18-94574

COVER LETTER

TO: New Filing S Division of O					
SUBJECT:	Search BizAthle	tes			
SUBJECT.	(Name of Res	sulting Florida Limite	ed Con	npany)	
		-		d fees are submitted to converce ordence with s. 605.1045, F.	
Please return all cor	respondence concernin	g this matter to:			
Deborah A Letow					
	(Contact Person)				
Search BizAthletes					٠.
	(Firm/Company)			SEC SEC	of T
10346 Utopia Cir N				PER	2 =
	(Address)	·		35	in been
Boynton Beach, FL 33-	437			الله الله الله الله الله الله الله الله	TILE SE
	(City, State and Zip Code)			m	ૢૢૢઌૢૼૻ
dletow@searchbizathle	tes.com			, , , , , , , , , , , , , , , , , , ,	
E-mail Address: (to	be used for future annual re	port notifications)		,	 ,
For further informat	ion concerning this ma	tter, please call:			
Deborah A Letow		at (346-9	vtime Telephone Number)	
(Name of Cont	tact Person)	(Area Code)	(Day	time Telephone Number)	
	for the following amount a bank located in the		rocess	sed by this office must be paya	able 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 I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILI	NG A	ADDRESS:	
New Filing Section		New Fil	ing S	ection	
Division of Corpora	itions			Corporations	
Clifton Building		P. O. Bo	ox 631	27	

Tallahassee, FL 32314

2661 Executive Center Circle

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: Search BizAthletes Line to Liebility Company
Search BizAthletes Linited Liebility Company (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sourch BizAthletes Limited Lishility 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
on 7/30/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Search BizAthletes, Limited Liubility Company) (Enter Name of Florida Limited Liability Company)
(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.

18 NOV -7 PN 12: 27
SECRETARY OF STATE
ANASSEE EN COMP.

Signed this 16	day of October	2018	
·	•	f Limited Liability Company:	
Signature of A	uthorized Representative:	of lex	
Printed Name:	Deborah A Letow	Title: CFO	
_			
Signature(s) o	n behalf of Other Business En	tity: See below for required signature	e(s)]
C.	(-na /. L		
Signature:	Grow Labour	Title: owner	
rimed Name.	reg that	Title. Owner	
Signature:			
Printed Name:_		Title:	
Signature:		Title:	
Printed Name:_		Title:	
Signatura			
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Timed Tulle.		1100.	
Signature:			
Printed Name:_		Title:	
Ciman			
Drintad Mamar		Title:	
rimed Name		THE.	
<u>If Florida Cor</u>	poration:		
	nairman, Vice Chairman, Direct		
If Directors or 0	Officers have not been selected.	, an Incorporator must sign.	
If Florida Care	and Darke and I foots of	Colombia Designation	
	<u>eral Partnership or Limited I</u> c General Partner.	<u> </u>	
Signature of on	e General Farther.		
<u>If Florida Lim</u>	ited Partnership or Limited L	Liability Limited Partnership:	
	LL General Partners.		
All others:	and hardened an array		
Signature of an	authorized person.		
Fees:			:. ⁻
ا المراث من A	of Conversion	\$25.00	!
	s of Conversion:	\$25.00 tion: \$125.00	
	r Florida Articles of Organiza ed Copy:	\$30.00 (Optional)	
	eate of Status:	\$5.00 (Optional)	
Com	ace or status.	φυλίο (Οριίοπαι)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Search BizAthletes Limit Cd (Must contain the words "Limited Liab	Liebility Com	Pray
(Must contain the words "Limited Liat	offity Company, "L.D.C.," or "ULC.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
10346 Utopia Cir N	10346 Utopia Cir N	
Boynton Beach, FL 33437	Bynton Beach, FL 33437	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate	
Deborah A Letow	ame	_
INS	me	
10346 Utopia Cir N Florida street address (P	O. Box NOT acceptable)	_
Boynton Beach	FL 33437	_
City	Zip	
	l in this certificate, I hereby pacity. I further agree to co te performance of my duties	accept the appointment as mply with the provisions of all s, and I am familiar with and

A	R.	ľľ	C	LE.	I١	J:
^ 1			•			, -

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	Greg Letow
	10346 Utopia Cir N
	Boynton Beach, FL 33437
AMBR	Deborah A Letow
AMILIA	10346 Utopia Cir N
	Boynton Beach, FL 33437
	To yillon Bouch, 12 or 151
	w
	SECHEL SEEL STATES
	EG 💆
(Use attachment if necessary)	
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NEW Od - 11 16	The state of the s
LE V: Other provisions, if any.	200
	
	
REQUIRED SIGNATURE:	
	A too
	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that
any false information submitted in a docu- as provided for in \$.817.155, F.S.	ment to the Department of State constitutes a third degree felony
D A	Letow
	rped 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)