# 190000 45409

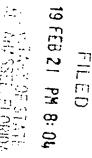
(Re	questor's Name)	<del> </del>
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W19-17	308	

Office Use Only



200324551882

02/14/19-+01006--022 \*\*150.00



### **COVER LETTER**

то:	New Eiling Se Division of C				
SHB	IFCT: INTERA	CTIVE ADVISORY NETV	VORK LLC		
300	JEC1	(Name of Res	ulting Florida Limit	d Com	pany)
					I fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
JACQ	QUES CURETON				
		(Contact Person)			
DITE	RACTIVE ADVIS	ORY NETWORK LLC			
	-	(Firm/Company)			
1015	L DEERWOOD PA	RK BLVD BUILDING 2	00 - SUITE 250		
		(Address)			
JACI	CSONVILLE, FL 3	2256			
	(1	City, State and Zip Code)			
	RETON@IAN-LLC				
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
JACC	QUES CURETON		_at (	286-6	038
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25 f & \$10	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG A	.DDRESS:
	Filing Section		New Fi	_	
	sion of Corporat	ions	Divisio P. O. B		orporations
	on Building Executive Cent	ter Circle			71. 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article INTERACTIVE ADVISORY NETWORK LLC	es of Conversion is:
(Enter Name of Other Business Entity)	•
The "Other Business Entity" is a CORPORATION  (Enter entity type, Example: corporation, limited partnership, general partnership, commo	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	- Calumananananananananananananananananananan
(Enter state, or 11 a non-U.S. entity, the	name of the country)
H-06-2013 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Organization:
INTERACTIVE ADVISORY NETWORK 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 9 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 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the FEB 21 PH 8: 04  FILED  FILED  FILED  FILED

Signed this 08	day of FEBRUARY	20_19
Signature of Author	rized Representative of Lin	ited Liability Company:
Signature of Authori Printed Name: JACQU	zed Representative:	Title: PRESIDENT
		[See below for required signature(s)]
•	Acques Culetur	Title: RESIDENT
		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
	<del></del>	
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Directors or Office	n, Vice Chairman, Director, or rs have not been selected, an h artnership or Limited Liabil	ncorporator must sign.
If Florida Limited P Signatures of ALL G	artnership or Limited Liabil eneral Partners.	ity Limited Partnership:
All others: Signature of an author	rized person.	
Fees:		
Articles of Co Fees for Flori	onversion: da Articles of Organization:	\$25.00 \$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional) 19 FEB 21 PM 8: 04

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	my is:
INTERACTIVE ADVISORY NETWORK LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10151 DEERWOOD PARK BLVD	7990 BAYMEADOWS ROAD E.
BUILDING 200 - SUITE 250	UNIT 2403
JACKSONVILLE, FL 32256	JACKSONVILLE, FL 32256
The name and the Florida street address o  JACQUES CURETON	f the registered agent are:
JACQUES CONTION	Name
7990 BAYMEADOWS R	
Florida street address	s (P.O. Box NOT acceptable)
JACKSONVILLE	FL 32256
City	Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position accept the obligations of My position Registered Agent	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605. S
100	NTINHED)

## ARTICLE IV-

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

Name and Address:

OARAININI A.I. 184 I	
"AMBR" = Authorized Member	
"MGR" = Manager	
PRESIDENT	JACQUES CURETON
	7990 BAYMEADOWS ROAD E UNIT 2403
	JACKSONVILLE, FL 32256
	<del></del>
<del></del>	
	<del></del>
	<del></del>
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felor
Signature of a member or any false information submitted in a doct as provided for in s.817.155, F.S.	
Signature of a member or any false information submitted in a doct as provided for in s.817.155, F.S.  JACQUES CURETON	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha ament to the Department of State constitutes a third degree felon
Signature of a member or any false information submitted in a doct as provided for in s.817.155, F.S.  JACQUES CURETON	e with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felon syped or printed name of signee
Signature of a member or any false information submitted in a doct as provided for in s.817.155. F.S.  JACQUES CURETON  Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felon speed or printed name of signee  Filing Fees
Signature of a member or Articles of this document is executed in accordance any false information submitted in a doct as provided for in s.817,155, F.S.  JACQUES CURETON  Ty  \$125.00 Filing Fee for Articles	with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felon speed or printed name of signee  Filing Fees  of Organization and Designation of Registered
Signature of a member or any false information submitted in a doct as provided for in s.817.155. F.S.  JACQUES CURETON  Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felon syped or printed name of signee  Filing Fees of Organization and Designation of Registered Agnal)  \$ 5.00 Certificate of Status (Optional)
Signature of a member or Articles of the Signature of a member of any false information submitted in a doct as provided for in s.817.155, F.S.  JACQUES CURETON  Ty	yped or printed name of signee  Filing Fees of Organization and Designation of Registered Agnal)  S 5.00 Certificate of Status (Optiona
Signature of a member or Articles of the Signature of a member of any false information submitted in a doct as provided for in s.817.155, F.S.  JACQUES CURETON  Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felon syped or printed name of signee  Filing Fees of Organization and Designation of Registered Agnal)  \$ 5.00 Certificate of Status (Optional)