# 90003332

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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### **COVER LETTER**

Division of Corporations	
SUBJECT: MOORE BUSINESS STRATEGIES LLC. (Name of Resulting Florida Limited Company)	
(Name of Resulting Florida Sillines Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Ot Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	her
Please return all correspondence concerning this matter to:	
Mickey S. Moore (Contact Person)	
Mickey S. Moore  (Contact Person)  Moore Business Strategies, LLC  (Firm/Company)	
3243 Stanhope Dr (Address)	
TLH, FL 3 Z 3 / 1  (City, State and Zip Code)	
Mickey @ MOOKE to busiNESS. COM  E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Mickey S. Moore at (850) 556 - 9009 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in U dollars and drawn on a bank located in the United States)	IS
\$150.00 Filing Fees (\$155.00 Filing Fees and Certified Copy and Certificate of Status of Organization)  \$150.00 Filing Fees and Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section	

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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:  MOORE BUSINESS STRUCTURE (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Flori, La Isoff Corposition  (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 $\frac{ -1\%-2019 }{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MOORE Business Stratagies, 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.
PILEO PRASA PHAST

$\circ$			
Signed this day of	10		
Signed this day of	_ 20		
W	, , , , , , , , , , , , , , , , , , ,		
Signature of Authorized Representative of Limi			
Cinanton of Authorized Domescontation.			
Printed Name: 1/1/2/4. A/6/20	Title Pance out delle		
Signature of Authorized/Representative: Printed Name:	_ True. The state of the state	-	
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]		
Signature:  Printed Name:  Micke Model	Daniel Commerce	-	
Printed Name: Mickey MOSKE	_ Title: Ville:	_	
$\sigma$	,		
Signature:Printed Name:	Title	-	
rinted Name.		-	
Signature:			
Printed Name:	Title:	<del>-</del>	
Signature:Printed Name:		-	
Printed Name:	_ Title:	-	
Signature:	Title	-	
riffico Name.	Title.	-	
Signature:		_	
Signature:Printed Name:	Title:	_	
If Florida Corporation:	⊃.eu*		
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			<b>~</b> 3
If threctors or Officers have not been selected, an inc	corporator must sign.		<u>(4)</u>
lf Florida General Partnership or Limited Liabilit	v Partnership:		725
Signature of one General Partner.	<del></del>		. U
-		:	ယ
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	_	77)
Signatures of <u>ALL</u> General Partners.			-5:
All othores			rso
All others: Signature of an authorized person.			C
Signature of all authorized person.			
Fees:			
Articles of Conversion:	\$25.00		
Fees for Florida Articles of Organization:	\$125.00		
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		
	· · · · · · · · · · · · · · · · · · ·		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Moore Business Strates (Must contain the words "Limited Liability Cont	nes LLC.
(Musi contain the words Thinted Editionly Cont	many. Tanton, vi bilot )
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address: M	ailing Address:
3243 Stanhare Deive 30 Talkhassee FL 32311	243 Stanhere Dr allahassee Fr 32311
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered / business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regist	ered agent are:
Mickey S. Mc	rered agent are:
Name	<u></u>
Mickey S. Mo Name 3243 Stanhope D	NOT acceptable)
Florida street address (P.O. Box	x <u>NOT</u> acceptable)
Tallahassee	FL 32311
City	Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rmance of my duties, and I am familiar with and sed agent as provided for in Chapter 605, F.S

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR	Mickey S. Mozre 3243 Stanheya Darve To H. FL 32311	- - -
		<b>-</b> -
		<b>-</b> -
		76.18
(Use attachment if necessary)		人   し   こ
CLE V: Other provisions, if any.		-E. P. C.
REQUIRED SIGNATURE:		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fell	- tha lon
Ty	ped 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)