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

Office Use Only

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July 8, 2019

BRADLEY BROMLOW 1233 DUNDEE LN LYNN HAVEN, FL 32444

SUBJECT: DETERMINE YOUR WORTH, LLC

Ref. Number: W19000042464

We have received your document for DETERMINE YOUR WORTH, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 319A00013676

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DETERMINE YOUR WORTH LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Bradley Bromlow (Contact Person) DETERMINE YOUR WORTH LLC (Firm/Company)
1233 DUNDEE LANE (Address)
1233 DUNDEE LANE (Address) LYNN HAVEN, FL 32444 (City, State and Zip Code) BBRONLOJG GMAIL. COM
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Bradley Bromov at (850) 832-9150 (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 US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (S25 for Conversion & and Certificate of Status S125 for Articles of Organization) S150.00 Filing Fees and Certified Copy & S185.00 Filing Fees, Certified Copy, and Certificate of Status S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 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 Articles of Conversion is:
Determine Your Worth LLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Limited Liability Company - So Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Texas</u> (Enter state, or if a non-U.S. entity, the name of the country)
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:
Determine Your Worth LLC (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: 05/01/2019. (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 10 day of June 20) 19
Signature of Authorized Representative of Limited	
Signature of Authorized Representative: Printed Name: Bradley Bromlow To	ile: <u>President</u>
Signature(s) on behalf of Other Business Entity: [See	
Signature: Printed Name: Bradley Bran low Ti	ile: Pasidut
Signature: Ti	itle:
Signature: Ti	
Signature: Ti	
Signature: Ti	
Signature:	
Printed Name: Ti	tle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Offic If Directors or Officers have not been selected, an Incorporation	
If Florida General Partnership or Limited Liability Pa Signature of one General Partner.	artnership:
If Florida Limited Partnership or Limited Liability Li Signatures of <u>ALL</u> General Partners.	imited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Fees for Florida Articles of Organization: \$1 Certified Copy: \$3	5.00 25.00 0.00 (Optional) .00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Determine Your Worth (Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1233 DANDER LANE LYNN HAVEN, FLORIDA 32444	1733 Dunice Lane You Marin, El 32444
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Bradly Brog Name 1233 Dudee Florida street address (P.O. Lynn lave City	now JUL 22

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	P 1 2 1
	1733 Dinley
	Cyps Haven, FL 32444
	,
	
Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware timent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fewer printed name of signee Filing Fees

ARTICLE IV-