# 9002388

(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:

Office Use Only

N SAMS OCT 0 3 2019



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2019

TYLER JOHNSTON 10318 HUNTERS HAVEN BLVD RIVERVIEW, FL 33578 US

SUBJECT: I'M LOCKED

Ref. Number: W19000080938

We have received your document for I'M LOCKED and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As I searched throug the records the name of the business is not listed on our SUNBIZ website. The Conversion Forms you submitted cannot be used at this time. We are able to still file your document, only using the Limited Liability Company articles provided. The cost of filing for a Limited Liability Company (LLC) is \$125.00. There will be a balance of \$25.00 left and in order to receive that refund we would need a letter stating you would like the remaining balance sent back to the your address. If you have any further questions or concerns, please do not heseitate to contact me at 850-245-6052.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 819A00018220

www.sunbiz.org

### **COVER LETTER**

TO:	New Filing S Division of C					
CLID	JECT: I'm Unloc	•				
SUB	JEC 1	(Name of Res	ulting Florida Limite	ed Com	npany)	
			•		d fees are submitted to conver ecordance with s. 605.1045, F	1
Please	e return all corr	espondence concernin	g this matter to:			
Tyler	Johnston					
		(Contact Person)				•
I'm Ur	nlocked					
	<u> </u>	(Firm/Company)				
10318	B Hunters Haven	BLVD				
		(Address)	<del></del>			 
Riven	view, FL. US 335	78				
	16	City, State and Zip Code)				
tylerjo	hnstonpro15@g	mail.com				
E-1	mail Address: (to b	e used for future annual re	port notifications)			
For fi	ırther informati	on concerning this ma	tter, please call:			
Tyler	Johnston		_at ( <sup>803</sup>	530-7	7894	
	(Name of Conta	ict Person)	(Area Code)	/ (Day	time Telephone Number)	l
		for the following amou a bank located in the	•	rocess	sed by this office must be paya	ible in ŲS
(\$25 fc & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifto 2661	EET ADDRES Filing Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	New Fil Division P. O. Bo	ling Son of C ox 632	orporations	

INHS11 (7/17)

#### **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Flo Statutes.

(Enter Name of Other Business Entity)	ı
2. The "Other Business Entity" is a	· · · · · · · · · · · · · · · · · · ·
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	or business trust,
First organized, formed or incorporated under the laws of	<u> </u>
(Enter state, or if a non-U,S, entity, the name	of the country)
February 18, 2019 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	f Organizatio
I'm Unlocked	!
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	ı
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cale 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 reduce document's effective date on the Department of State's records.	- 1
5. The plan of conversion has been approved in accordance with all applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	hts the amount to

Signed this July day of 23	20_19	
Signature of Authorized Representative of Lim		
Signature of Authorized Representative:	with	
Printed Name: Tyler Johnston	Title: Mr.	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	<u>.</u> د
Signature: Cylindra Johnston		  
Printed Name: Tyler Johnston	Title: Mr.	; ;
		-
Signature:	<del></del>	
Printed Name:	Title:	•
Signature:	:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an Ir		
If Florida Conoral Doutnovskip or Limited Linkil	ita Bautaauskin.	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity rarthership:	
•		
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an 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 COMPAN

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(N	Must contain the words "Limited I	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		he principal office of the Limited Liabil	ity Com
Principal Office	Address:	Mailing Address:	
10318 Hunters Have	en BLVD	10318 Hunters Haven BLVD	
Riverview, FL. US 3	3578	Riverview, FL. US 33578	<del></del>
The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)	tered Office, & Registered Agent's Sig Registered Agent. You must designate an individual	
The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)  Florida street address of	Registered Agent. You must designate an individual	or another
The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)  Florida street address of Tyler Johnston	Registered Agent. You must designate an individual	or another
The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)  Florida street address of Tyler Johnston	the registered agent are:	or another
The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)  Florida street address of Tyler Johnston  10318 Hunters Haven BLV	the registered agent are:	2019 SEP 30
The Limited Liability business entity with a	Company cannot serve as its own active Florida registration.)  Florida street address of Tyler Johnston  10318 Hunters Haven BLV	Registered Agent. You must designate an individual the registered agent are:	or another

Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of a statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member		
'MGR" = Manager	Andrea Inhantan	
AMBR	Andrea Johnston 10318 Hunters Haven BLVD	
		<del></del>
	Riverview, FL. 33578	
AMBR	Karen Johnston	
- WIDIT	<del></del>	<u></u>
	5595 Victory Loop	
	Manassas, VA 20112	<u> </u>
		7
<del></del>		
		<del></del>
		<del>.</del>
	<del> </del>	
Use attachment if necessary)		
LE V: Other provisions, if any.		
Use attachment if necessary)  LE V: Other provisions, if any.  n of CORP to LLC.		
LE V: Other provisions, if any.	- 11	
LE V: Other provisions, if any.	-H->	
LE V: Other provisions, if any. n of CORP to LLC.  REQUIRED SIGNATURE:	Me	
E V: Other provisions, if any. n of CORP to LLC.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a mere with section 605.0203 (1) (b), Florida Statutes, ament to the Department of State constitutes a thin	I am aware
Signature of a member or This document is executed in a document as provided for in s.817.155, F.S.  Tyler Johnston	e with section 605.0203 (1) (b). Florida Statutes, iment to the Department of State constitutes a thi	I am awar
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.  Tyler Johnston	e with section 605.0203 (1) (b), Florida Statutes.	I am aware