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(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 23 2019



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2019

TIMOTHY FARRELL 5450 N.W. 33RD AVENUE FORT LAUDERDALE, FL 33309 US

SUBJECT: VETERANS4YOU CORPORATION

Ref. Number: W19000087601

2019 OCT 17 PH 3: 15

We have received your document for VETERANS4YOU CORPORATION and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your name where it states Signature on behalf of Other Business Entity.

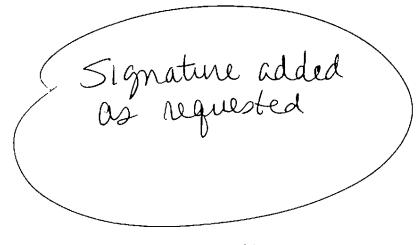
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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: 519A00020108

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Veterans4You Corporation	
	sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ig this matter to:
Timothy Farrell	, , , , , , , , , , , , , , , , , , ,
(Contact Person) Veterans4You	*Please note change ST TO Address 5450 vs 5440 TO TO TO TO THE WORLD T
(Firm/Company)	* Please note change & 8 77
5450 N.W. 33rd Avenue , Suite 103	*Please note change 37 7 of address 5450 vs 5440 7 7
(Address)	WW
Fort Lauderdale, Florida 33309	3 0
(City, State and Zip Code) tfarrell@veterans4you.com	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
Timothy Farrell	at (954) 366-4484 x 202
(Name of Contact Person)	at (954) 366-4484 x 202 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



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 Cor Veterans4You Corporation	nversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation S (Enter entity type. Example: corporation, limited partnership, general partnership, common law or b	and and the later
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or o	business trust, etc.)
Florida	
First organized, formed or incorporated under the laws of	the country)
on 9/30/2015 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C	Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C	Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C	Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C Veterans4You LLC (Enter Name of Florida Limited Liability Company)	Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C	dar days after

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 16th day of September	_ 20 <u>19</u>	
Signature of Authorized Representative of Limit	ed Ciability Company:	
Signature of Authorized Representative:	Conul _	
Printed Name: Timothy Farrell	Title: President	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]	
Signature: Lint Tarull		
Printed Name: Taxonty Faceau	Title: Prespect	
Signature:		
Printed Name:	_ Title:	
Signature:		
Signature: Printed Name:	_ Title:	
Signature:	三三二 <u>三</u>	20
Signature:Printed Name:	_ Title:	F 2019 OCT
Signature:	\$5.50 \$6.50	의 <u>기</u>
Printed Name:	_ Title:	7
Signatura	2 · · · · · · · · · · · · · · · · · · ·	
Signature:Printed Name:	_ Title:	_
If Florida Corporation:	Ç	л
Signature of Chairman, Vice Chairman, Director, or G		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
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 COMPANY

ARTICLE I - Na The name of the L	me: imited Liability Compan	y is:	
Veterans4You LLC (M	ust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre		ne principal office of the Limi	ted Liability Company is:
Principal Office	Address:	Mailing Address:	
5450 N.W. 33rd Aver	nue Suite 103	5450 N.W. 33rd Avenue Su	uite 103
Fort Lauderdale, Flor		Fort Lauderdale, Florida 33	309
The name and the	Florida street address of Timothy Farrell	the registered agent are:	
	Name		20 51.
	5450 N.W. 33rd Avenue Suite 103		19 0 CAN
	Florida street address (P.O. Box NOT acceptable)		CT I
	Fort Lauderdale	FL 33309	7
	City	Zip	
liability com registered agen statutes relati	pany at the place designa t and agree to act in this c ug to the proper and come	and to accept service of proces ted in this certificate, I hereby apacity. I further agree to con lete performance of my duties, as registered agent as provided	accept the appointment as nply with the provisions of all , and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

Timothy Farrell

the state of the second

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	Timothy Farrell 5450 N.W. 33rd Avenue Suite 103 Fort Lauderdale, Florida 33309	
		
	200 T 200 T	
(Use attachment if necessary)	PH 3:	
ARTICLE V: Other provisions, if any.		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony	

Typed 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)