# L19000263283

(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



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2019

JD LODEN JD LODEN WEALTH MANAGEMENT 500 5TH AVE SOUTH, SUITE 528 NAPLES, FL 34102

SUBJECT: JD LODEN WEALTH MANAGEMENT LLC

Ref. Number: W19000089972

We have received your document for JD LODEN WEALTH MANAGEMENT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section 'Signature(s) on behalf of Other Business Entity: 'in the Articles of Conversion.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 319A00020756

www.sunbiz.org

The An Kyaw

### **COVER LETTER**

TO: New Filing Se Division of C				
SUBJECT: JD Loden	Wealth Management LLC	•		
	(Name of Res	ulting Florida Limite	d Com	ppany)
		-		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
JD Loden				
	(Contact Person)			
JD Loden Wealth Manag	gement			
	(Firm/Company)			
500 5th Ave South, Suite	2 528			
	(Address)			
Naples, FL 34102				
	City, State and Zip Code)			
jd@jdlodenwealth.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
JD Loden		_at (	430-0	104
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		ocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filing band Certified Copy		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fil	ing S	ection
Division of Corporat	ions			orporations
Clifton Building 2661 Executive Cent	or Cinsts	P. O. Bo		27 FL 32314
2001 Executive Cent	er Circie	ганала:	SSCC. I	LL 24214

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:  JD Loden Wealth Management, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sub-S corp
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 12, 2009 name change
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  JD Loden Wealth Management 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.

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Signed this 19 day of September	20 19
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: JD Loden	Title: General Partner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: AD Lele	
Signature: Printed Name: Decem	Title: Porgs. cut
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

FILED

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SLOWER AND OF STATE
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liability Company, "L.L.C.," or "LLC.")		
the principal office of the Limited Liability Company		
Mailing Address:		
500 5th Ave South, Suite 528		
ples, FL 34102 Naples, FL 34102		

The name and the Florida street address of the registered agent are:

John W. Meyer, CPA	
	Name
1207 3rd Street South,	STE 4
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Naples	FL 34102
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited 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 all 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)

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AR	T	IC1	Į,	IV.

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	AD Loden
	2925 70th St SW
	Naples, FL 34105
•	
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(Use attachment if necessary)	÷ \\. □
	55
<b>CLE V:</b> Other provisions, if any.	)A
	_
REQUIRED SIGNATURE:	\_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1) 44/1/0
	Dolle
Signature of a member of	an authorized representative of a member
This document is executed in accordance.	with section 605,0203 (1) (b), Florida Statutes, I am aware that
This document is executed in accordance.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that the to the Department of State constitutes a third degree felony
This document is executed in accordance; any talse information submitted in a document	with section 605,0203 (1) (b), Florida Statutes, I am aware that

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)