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(Requestor's Name)
(Nequestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MARKETING STRATEGIST	3 LLC
(Name of Resulting Florida Limi	
The enclosed Articles of Conversion, Articles of Organizat Business Entity" into a "Florida Limited Liability Company	·
Please return all correspondence concerning this matter to:	Note
MICHAEL T. CAPIZZI	never returned. New acticles are attached
(Contact Person) MARKETING STRATEGISTS LL	New articles are attached a Long with all correspondence.
812 BRINY AVE. #9D	_ Two copies.
POMPAND BEACH, FL 3306.	2
(City, State and Zip Code) mike@mktgstrategists.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
MICHAEL T. CAPIZZ) at (B12 (Name of Contact Person) (Area Code) 290 - 1915) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks p dollars and drawn on a bank located in the United States)	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of Status \$155.00 Filing Fees and Certified Copy a	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 find MARKETING STRATEGISTS LLC	iling of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general	
First organized, formed or incorporated under the laws of	a non-U.S. entity, the name of the country)
on <u>JAN / 2008</u> (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in t	-
MARKETING STRATEGISTS LI	<u> </u>
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: APRITO (The effective date: Cannot be prior to date of receipt or filed date 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 in document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicables.	nor more than 90 calendar days after equirements, this date will not be listed as the
6. The "Converted or Other Business Entity" has agreed to pay any members are entitled under ss. 605.1006 and 605.1061-605	ers having appraisal rights the amount to
	TALLANDER TALLANDER

Signed this 10th day of APRIL	20_20	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Brinted Name: MICHAEL T. CAPIETI	Title: MEMBEOR	
Signature(s) on behalf of Other Business Entity:	See below for required sign	ature(s)]
Signature: But to Cys		
Printed Name: MicriA CAPI 221	Title: MEMBER	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	T'41	
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 Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ON FILE Previously Submitted

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MARKETING STRATEG.	1573 LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BIZ BRINY AVE.	same
812 BRINY AVE. SUITE 9D POMPAND BEACH FL 33062	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
MICHAEL I. Name 812 BRINY A	CAPIZZI
812 BRINY A	AVE: #9D
Florida street address (P.O.	· · · · · · · · · · · · · · · · · · ·
POMPANO BEACH City	FL 33062
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 (REQVIRES)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager A M.B.R.	Michael T. Capizzi 1812 Bring Avenue #9D Pompano Beach FL 3306:
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MICHAEL T. CAPIZZI

Typed or printed name of signce

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)