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(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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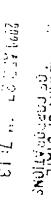
Office Use Only

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M SIMMONS APR 27 2020

COVER LETTER

SUBJECT: <u>Pro</u>	fessional S (Name of Res	Hudent Att	Netes Company)	Consulting	& Mentoring, LL
	s of Conversion, Articl a "Florida Limited Li	-			
Please return all corre	espondence concerning	g this matter to:			
Lavera	Morris (Contact Person)				
	(Firm/Company)				
503 Bel	le Fern Ct (Address)				
Ocoee,	FL 3471 (ity. State and Zip Code)	2			
laverar	norris epse e used for future annual rep	acm.com			
For further information	on concerning this mat	ter, please call:			
La Vera I	Marris et Person)		136 - Daytime Tele	5568 ephone Number)	
	or the following amou a bank located in the U		essed by th	his office must be p	payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing Fee and Certified Copy	Certific	5.00 Filing Fees, ed Copy, and cate of Status	
Mailing Addi New Filing Se Division of Co	ection	Ne	eet Addre w Filing S vision of C		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section

Division of Corporations

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: Professional Student Athletes Consulting & Mentoring, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, commod law or business trust, etc.
First organized, formed or incorporated under the laws of
on 2/27/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Professional Student Athletes Consulting & Mentoring, LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 4/28/2020. (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 locument'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 22 day of April	20_20
Signature of Authorized Representative of Li	imited Liability Company:
Signature of Authorized Representative:	Title: Founder, CEO
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature: La Vera Morris	
Signature:Printed Name:	cp1-1
Printed Name:	little:
Signature:	
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 Officer
If Directors or Officers have not been selected, an	
If Clauda. Community and the state of	212 0 4 12
If Florida General Partnership or Limited Liab Signature of one General Partner.	omty Partnersnip:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	pility Limited Partnership:
All others:	

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Signature of an authorized person.

<u>Fees:</u>

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Student Athletes Consulting & Mentoring, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
503 Belle Fern Ct	PO BOX 1084
Ocoee, FL 34761	Ococe, FL 34761

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lavera Mor	ris	
Nan	ne	
503 Belle	Fern	Ct
Florida street address (P.O	O. Box <u>NC</u>	OT acceptable)
Ocoee	FL	34761
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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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Lavera Morris 503 Belle Fern Ct Occee, FL 34761
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
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 felon
Lavera Morri	ned or printed name of signee

Typed or printed name of signee

Filing Fees

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

Control Number: 19036596

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Professional Student Athletes Consulting & Mentoring LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number 19015444 Date Inc/Auth/Filed: 02/27/2019 Jurisdiction : Georgia Print Date : 04/22/2020

Form Number 211



Brad Raffensperger

Brad Raffensperger Secretary of State