

L20000174112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

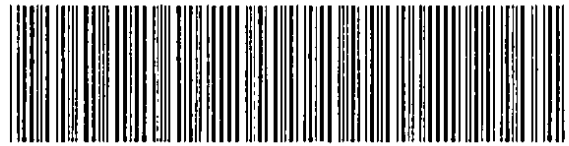
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 06 2020

T. SCOTT



900347358389

05/04/20--01043--014 **185.00

FILED
2020 JUN 17 PM 2:20
CLERK OF COURT
STATE OF TEXAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2020

JOSEPH A OBADEYI
633 NE 167TH STREET, STE 620
NORTH MIAMI BEACH, FL 33162

SUBJECT: A SQUARED, LLC
Ref. Number: W20000045369

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L14000084090-ASQUARED LLC Only one set of articles required for Florida.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 820A00009392

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A SQUARED, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JOSEPH A OBADEYI

(Contact Person)

A SQUARED, LLC

(Firm/Company)

633 NE 167TH STREET STE 620

(Address)

NORTH MIAMI BEACH, FLORIDA 33162

(City, State and Zip Code)

TSTAFFING@PACKPLUSINC.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JOSEPH A OBADEYI

at (305) 653-2880

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

A SQUARED LLC

(STATE OF UTAH)

633 NE 167th Street Suite 620

North Miami Beach FL 33162

Phone: 305-653-2880

Fax: 305-653-2881

Email: tstaffing@packplusinc.com

May 12, 2020

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

RE: Letter 820A00009392 / New Filing

Dear Tyrone Scott or To Whom This May Concern:

Enclosed you will find my previous submitted application dated April 29, 2020 to convert "A Squared LLC" "Other Business Entity" registration from the State of Utah to the State of Florida and new application. I have provided a change of name ("**A SQUARED FLORIDA, LLC**") as requested to distinguish a difference of establishment for current LLC L1400084090 ASquared.

Please be aware that payment by check #285 was submitted with my original application and was not returned.

If you should require any additional information please feel free to contact me.

Thank you.



Joseph A Obadeyi

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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
A SQUARED, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY, LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of STATE OF UTAH
(Enter state, or if a non-U.S. entity, the name of the country)

on 05/02/2019
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A SQUARED UTAH, 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.

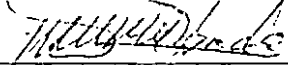
FILED
2020 JUN 17 PM 3:22
CLERK OF STATE
OF FLORIDA

Signed this 29TH day of APRIL 20 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: JOSEPH A OBAIDEYI Title: PRESIDENT/CEO

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: JOSEPH OBAIDEYI Title: PRESIDENT/CEO

Signature: _____
Printed Name: _____ Title: _____

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 Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability 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 COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A SQUARED UTAH, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

633 NE 167TH STREET, SUITE 620
NORTH MIAMI BEACH, FL 33162

Mailing Address:

633 NE 167TH STREET, SUITE 620
NORTH MIAMI BEACH, FL 33162

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:

JOSEPH A OBADEYI

Name

633 NE 167TH STREET, SUITE 620

Florida street address (P.O. Box **NOT** acceptable)

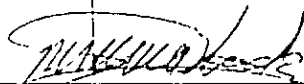
NORTH MIAMI BEACH

FL 33162

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)

FILED
2020 JUN 17 PM 3:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR" 100%

Name and Address:

JOSEPH A OBADEYI

633 NE 167TH STREET, SUITE 620

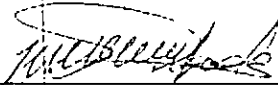
NORTH MIAMI BEACH, FL33162

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

N/A

REQUIRED SIGNATURE:



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.

JOSEPH A OBADEYI

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)