# L20000393598

questor's Name)	<del> </del>
dress)	
dress)	
y/State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nan	ne)
cument Number)	-
_ Certific <b>a</b> tes	s of Status
Filing Officer:	
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates

Office Use Only



800356799458

2020 DEC 22 AH IO: 03



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: December	21, 2020		Account#: 1200000000088
Name: KEN H	OWELL		
Reference #:	1306040	_	
Entity Name:	HE SHOULD	DA INVESTMENT	rs, llc
✓ Articles of Incorpo	oration/Authorizatio	on to Transact Busine	ss
Amendment			
☐ Change of Agent			ISSUES? CALL
Reinstatement			KEN:
✓ Conversion			518-213-0738
Merger			
☐ Dissolution/Witho	irawal		
Fictitious Name			
Other			
Authorized Amount:	\$150.00		
Signature:	Ken Howell	<u> </u>	

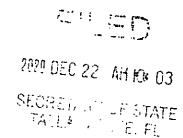
**(■)** ASIA PACIFIC HQ

# **COVER LETTER**

TO:	New Filing S Division of C				
cun	JECT: He Shou	ilda Investments, LLC			
SUBI	EC1:		ulting Florida Li	mited Cor	npany)
The e Busin	nclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiz ability Compa	ation, an ny" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to	<b>)</b> :	
Gresh	ıam R Stoneburr	er			
		(Contact Person)		<del></del>	
Stone	burner Berry Pur	cell & Campbell, P.A.			
		(Firm/Company)			
200 W	est Forsyth Stre	et, Suite 1610			
	<del></del>	(Address)	· · ···	<del></del>	
Jacks	onville, FL 32202	2			
	(1	City, State and Zip Code)	<u> </u>		
gstone	eburner@jaxlaw@	group.com			
E-1	nail Address: (to b	e used for future annual re	port notifications	<del></del>	
For fu	ırther informati	on concerning this ma	tter, please cal	1:	
Gresh	am R Stoneburn	er	_at (	\930 <i>-</i> 4	1083
	(Name of Conta	ict Person)		de) (Day	time Telephone Number)
dollar \$15 (\$25 fo & \$125	s and drawn on	or the following amou a bank located in the S155.00 Filing Fees and Certificate of Status	United States)	ng Fees	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

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 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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  He Shoulda Investments, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
February 12, 2016 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: He Shoulda Investments, 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.

Signed this 21st day of December	20 <sup>20</sup>
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: X Printed Name: Charles Brightman Skinner, Jr.	135/- 0
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:S	3
Printed Name: Charles Brightman Okidner, Jr.	Title: Trustee
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 If Directors or Officers have not been selected, an In	Officer
If Florida General Partnership or Limited Liabill Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
He Shoulda Investments, 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	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
76 San Juan Drive	76 San Juan Drive
Ponte Vedra Beach, FL 32082	Ponte Vedra Beach, FL 32082
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Gresham R Stoneburner	
Name	22
200 West Forsyth Street, Suite	1610
Florida street address (P.O.	Box NOT acceptable)
Jacksonville	FL 32202 7 2 2 2 3
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..

Kulu Shoules
Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

Charles Brightman Skinner, Jr.

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	Charles Brightman Skinner, Jr.		
	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
(Use attachment if necessary)			
	STATE E FL		
ICLE V: Other provisions, if any.	1*1		
REQUIRED SIGNATURE:			
MAGE D			
Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that		
any false information submitted in a docur as provided for in s.817.155, F.S.	nent 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)