# L21000062536

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(22220000000000000000000000000000000000
Cadification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

Mauwo144970



000356200950

12/14/20--01026--017 \*\*128.75

01/30/21--01031--006 \*\*21.25

FATT AND READ TO JUST 15

120



December 21, 2020

KIM SYKES 15951 NE 60TH STREET WILLISTON, FL 32696

SUBJECT: MINDVENTUEES, LLC Ref. Number: W20000144970

We have received your document for MINDVENTUEES, LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Lllc can only convert to 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: 520A00025823

December 30, 2020

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Enclosed pursuant to your instructions is our package to convert our LLC from Colorado to Florida. Thank you for your help in this matter.

As a point of note, our original check in the amount of \$128.75 was not returned to us with the original filing for Domestication of a Foreign Entity. Therefore, enclosed is the balance, \$21.25, as required to file for conversion.

We look forward to a successful conversion, and please let us know if you require anything further.

Sincerely,

Kim Sykes Member

KS/bs

Enclosures

# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Mind Ventures, L. (Name of Resulting Morida	a Limited Company)
The enclosed Articles of Conversion, Articles of Orga Business Entity" into a "Florida Limited Liability Con	
Please return all correspondence concerning this matter	er to:
KIM SYKES (Contact Person) MindVentures, LLC	
15951 NE 60th STREE (Address)	<u>T</u>
WILLISTON FL 32696  (City, State and Zip Code)  birs 15 y kes a gmass.  E-mail Address: (to be used for future annual report notification)	2 LOM ions)
For further information concerning this matter, please	call:
(Name of Contact Person) at (Area (Area	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All che dollars and drawn on a bank located in the United Stat	
/\ ·	Filing Fees
Mailing Address:  New Filing Section  Division of Corporations	Street Address: New Filing Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### INHSH (7/17)

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Conversion**

For

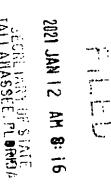
#### "Other Business Entity"

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a HMTEO LIABILITY WMPAVY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on DEC 1 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  (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 30 day of DEC	20 00 .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: XX SYKE.	MEMBER_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	
Printed Name: Pow Hotter	Title: MEMBER
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	750
Printed Name:	1 tite:
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	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$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:

Mind Vertices 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:	Mailing Address:
15951 NE 60 ST WILLISTON, FL 33696	15951 NE 60 ST WILLISTON, FL 32696

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:

Name

| SOBINE 60 to |
| Florida street address (P.O. Box NOT acceptable)
| WILLISTON | FL. 3049 6
| 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)

•	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MENBER	KIMBERIU J SYKES 15951 NE 600 ST WILLISTON, FL 32696
MEMBER	PAM L. KOTTER DEG WILLOW PR BLACKFOOT, ID 1300/
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Do
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that bent to the Department of State constitutes a third degree felony

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

ARTICLE IV-

Company:

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)

RIM BERLY SYRES

Typed or printed name of signee