L21000099355

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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HC

COVER LETTER

| TO: | New Filing Section Division of Corporations | | | | | |
|-------------------|--|---|-------------------------------|--|---------|-------------|
| SUB. | JECT: SAFE MONEY BROADCASTI | NG LLC | | | | |
| .,013 | | Resulting Florida Lim | ited Cor | npany) | | |
| | nclosed Articles of Conversion, Articles Entity" into a "Florida Limited | _ | | | | |
| Pleas | e return all correspondence concern | ing this matter to: | | | | |
| LISA | ZAHORIAN | | | | | |
| TAX | (Contact Person) § FINANCIAL STRATEGISTS LLC | | _ | | | |
| • | (Firm/Company) | | _ | | | |
| 28089 | VANDERBILT DR., SUITE 201 | | | | | |
| | (Address) | | _ | | | |
| BONI | TA SPRINGS, FL 34134 | | | | | |
| | (City, State and Zip Code | :) | _ | | | |
| | @WONDERTAX.COM | | | | | |
| E- | mail Address: (to be used for future annual | report notifications) | _ | | | |
| For fi | urther information concerning this n | natter, please call: | | | | |
| LISA | ZAHORIAN | at (²³⁹ | \405- | 8395 | | |
| | (Name of Contact Person) | (Area Code | (Day | ytime Telephone Number) | | |
| | osed is a check for the following amers and drawn on a bank located in the | | proces | sed by this office must | be paya | ble in US |
| (\$25 f & \$12 | 50.00 Filing Fees or Conversion 5 for Articles anization) 5 50.00 Filing Fees and Certificate of Status | s \$\B\180.00 \text{Filin} and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | : | 2021 FED - |
| | Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | New Divis The C 2415 | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Sui hassee, FL 32303 | te 810 | -2 PH 3: 23 |

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 Articl SAFE MONEY BROADCASTING, LLC | es of Conversion is: |
|--|---------------------------------|
| (Enter Name of Other Business Entity) | .• |
| 2. The "Other Business Entity" is a | |
| 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, commo | on law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | |
| tenter state, or if a non-o.s. entry, the | name of the country) |
| MARCH 23RD, 2010 on | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Arti | cles of Organization: |
| SAFE MONEY BROADCASTING, LLC | |
| (Enter Name of Florida Limited Liability Company) | <i>;</i> |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 9 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 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | sal rights the amount to |
| | 2021 FEB -2 PR 3: 23 |

| Signed this 30TH day of JANU. | JARY 20 . | |
|---|---|---------------|
| | entative of Limited Liability Company | <u>::</u> |
| Signature of Authorized Representa Printed Name: BRENT MEYER | ative: Sut Bry Title: MEMBER/ORGANI | ZER |
| Signature(s) on behalf of Other Bu | usiness Entity: [See below for required | signature(s)] |
| Signature: Suffer Signature: Printed Name: BRENT MEYER | Title: MEMBER/ORGANI | IZER |
| Signature:Printed Name: | Title: | |
| | Title: | |
| | Title: | |
| Signature: | Title: | |
| Signature:Printed Name: | Title: | |
| <u>If Florida General Partnership or</u> | en selected, an Incorporator must sign. | |
| Signature of one General Partner. If Florida Limited Partnership or Signatures of <u>ALL</u> General Partners | <u>Limited Liability Limited Partnership:</u> | £ |
| All others: Signature of an authorized person. | | |
| Fees: | | |

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| | |
| SAFE MONEY BROADCASTING, 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: |
|---------------------------|--------------------------|
| 17165 KINGFISH LANE WEST | 17165 KINGFISH LANE WEST |
| SUMMERLAND KEY, FL 33042 | SUMMERLAND KEY, FL 33042 |

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:

| TAX & FINANCIAL STRATEG | SISTS LLC_ |
|----------------------------|--------------------------------|
| Nar | me |
| 28089 VANDERBILT DR., SU | ITE 201 |
| Florida street address (P. | .O. Box <u>NOT</u> acceptable) |
| BONITA SPRINGS | FL |
| 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)

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| AMBR | BRENT MEYER |
| | 17165 KINGFISH LANE WEST |
| | SUMMERLAND KEY, FL 33042 |
| AMBR | SAFE MONEY RESOURCE |
| | 17165 KINGFISH LANE WEST |
| | SUMMERLAND KEY, FL 33042 |
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| | |
| | |
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| | |
| (Use attachment if necessary) | |
| • • | |
| CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member | r or an authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S. | r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree for the section of the Department of State constitutes a state of the degree for the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the sect |
| REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a | dance with section 605.0203 (1) (b). Florida Statutes, I am aware document to the Department of State constitutes a third degree f |
| REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S. | dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree f Typed or printed name of signee |
| REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S. BRENT MEYER | dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree f Typed or printed name of signee Filing Fees |
| REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S. BRENT MEYER S125.00 Filing Fee for Artice | dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree for Typed or printed name of signee Filing Fees les of Organization and Designation of Registered |
| REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S. BRENT MEYER | dance with section 605.0203 (1) (b). Florida Statutes. I am aware document to the Department of State constitutes a third degree for Typed or printed name of signee Filing Fees les of Organization and Designation of Registered |