L2100011661

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
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Office Use Only

May Date VK

MAR 18 2021

T. SCOTT



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2021 HAR -2 PH 4: 22





February 18, 2021

LINDA D. TORRES 7025 COUNTY RD 46A SUITE 1071-328 LAKE MARY, FL. 32746

SUBJECT: WORRY FREE LIVE MORE LLC

Ref. Number: W21000022608

We have received your document for WORRY FREE LIVE MORE LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 421A00003654

RECEIVED

2021 MAR - 2 PM 1: 15

COVER LETTER

| TO: New Filing Sea Division of Co | | | | | |
|--|---|------------------|--------------------------------|--------|--|
| SUBJECT: Worry Fre | • | | | | |
| SUBJECT: | | sulting | Florida Limit | ed Con | npany) |
| The enclosed Articles Business Entity" into | of Conversion, Artic a "Florida Limited L | les o iabili | f Organizati ty Company | on, an | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corre | spondence concernin | g this | matter to: | | |
| Linda D Torres | | | | | |
| | (Contact Person) | | ,. | - | |
| | (Firm/Company) | | <u>.</u> | - | |
| 7025 County Rd 46A Su | ite 1071-328 | | | | |
| | (Address) | | | • | |
| Lake Mary, FL 32746 | | | | | |
| (Ci | ty, State and Zip Code) | | | | |
| askushow@me.com | | | | | |
| E-mail Address: (to be | used for future annual re | port n | otifications) | • | |
| For further information | n concerning this ma | tter, p | olease call: | | |
| Linda D Torres | | | 407 | \463-6 | 6419 |
| (Name of Contac | t Person) | | (Area Code) | (Day | rtime Telephone Number) |
| Enclosed is a check fo dollars and drawn on a | r the following amou bank located in the | int: (/ Unite | All checks p ed States) | rocess | sed by this office must be payable in US |
| (\$25 for Conversion | ☐\$155.00 Filing Fees and Certificate of Status | | 180.00 Filing Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Addre | | | | | t Address: |
| New Filing Sec | | | | | Filing Section |
| Division of Co P.O. Box 6327 | троганонѕ | | | | ion of Corporations Centre of Tallahassee |
| | | | | | viine of fullimingsee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Con Worry Free Live More Inc | version is: |
|---|---------------------|
| (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 bu | siness trust, etc.) |
| First organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. entity, the name of the | e country) |
| April 24, 2015 on | |
| April 24, 2015 (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of On Worry Free Live More LLC | rganization: |
| (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 calenda 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 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 t | the amount to |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this | 21st | day of January | 20 | |
|----------------------------------|--|---|---|---------------|
| <u>Signature</u> | of Authori | zed Representative of | Limited Liability Company: | |
| Signature of Printed Nar | of Authorize ne: <u>Linda D</u> | ed Representative: | Title: MGR | DWZ |
| G! · · · · · | | | tity: [See below for required s | ionature(s) |
| Signature: | Kons | | Title: President | ignatur c(3)] |
| Printed Nar | ne:Linda D | Forres | Title: President | |
| | | | | |
| Printed Nar | ne: | | Title: | |
| Signature: | | | | |
| Printed Nar | ne: | | Title: | |
| Signature: Printed Nar | ne: | | Title: | |
| Signature: | | | Title: | · |
| Printed Nar | ne: | | Title: | |
| Signature: Printed Nar | ne: | | Title: | |
| Signature of Directors | or Officers | Vice Chairman, Directo have not been selected, | an Incorporator must sign. | |
| | General Par f one Gener | rtnership or Limited Li al Partner. | iability Partnership: | |
| | | rtnership or Limited Li eral Partners. | iability Limited Partnership: | |
| <u>.ll others:</u> ignature o | f an authori: | ved person. | | |
| ees: | | | | |
| Fee Cer | icles of Cor s for Florid tified Copy tificate of S | a Articles of Organizati | \$25.00 ion: \$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: |
|--|---|
| Worry Free Live More LLC (Must contain the words "Limited Liab | oility Company, "L.L.C.," or "LI.C.") |
| ARTICLE II - Address: | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7025 County Rd 46A | 7025 County Rd 46A |
| Suite 1071-328 | Suite 1071-328 |
| Lake Mary, FL 32746 | Lake Mary, FL 32746 |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) | red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another |
| The name and the Florida street address of th | e registered agent are: |

| Linda D Torres | |
|---------------------------|--------------------------|
| Nε | ame |
| 7025 County Rd 46A Suite | 1071-328 |
| Florida street address (P | P.O. Box NOT acceptable) |
| Lake Mary | _{FI} 32746 |

Linda D Tarros

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> | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGR | Linda D Torres |
| | 7025 County Rd 46A Suite 1071-328 |
| | Lake Mary, FL 32746 |
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| LE V: Other provisions, if any. |). Howe |
| REQUIRED/SIGNATURE: Signature of a member or a | an authorized representative of a member |
| REQUIRED/SIGNATURE: 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 |
| REQUIRED/SIGNATURE: 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 nent to the Department of State constitutes a third degree for |
| REOUIRED/SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document. | with section 605.0203 (1) (b), Florida Statutes. I am aware |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. Linda D Torres | with section 605.0203 (1) (b), Florida Statutes. I am aware |

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

ARTICLE IV-

Company: