121000149292

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

Office Use Only

 $\Lambda \Lambda_{I}$



700355801447

03/01/21--01028--003 **150.00

2021 HAR -8 PH 4: 17
SCORETAIN OF STATE
SCORETAIN OF STATE
THE CHINESEES, FL

11 3ba/2

COVER LETTER

	ew Filing Solivision of C					
	T: Beyond	·				
SOBJEC	. 1 •		ulting	Florida Limito	ed Con	npany)
						d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please ret	tum all corre	espondence concerning	g this	matter to:		
Heather A	vrtman					
		(Contact Person)		,		
		(Firm/Company)				
2301 Sea	Island Dr					
		(Address)				
Fort Laud	erdale, FL 33	301				
	((City, State and Zip Code)				
heath	erartn	nan@icloud.c	on	7		
E-mail	Address: (to b	e used for future annual re	port n	otifications)		
For furth	er informati	on concerning this ma	tter,	please call:		
Heather A	Artman		at (609	213-0	0150
(1)	Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		•	rocess	sed by this office must be payable in US
S150.00 (\$25 for Co & \$125 for of Organiza	Articles	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filing l Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
N D	lailing Add ew Filing So ivision of C O. Box 632	ection orporations]	New I Divisi	Address: Filing Section on of Corporations Tentre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



March 29, 2021

HEATHER ARTMAN 2301 SEA ISLAND DRIVE FORT LAUDERDALE, FL 33301

SUBJECT: BEYOND ASANA, LLC Ref. Number: W21000041446

We have received your document for BEYOND ASANA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

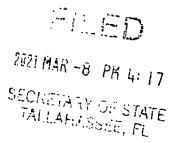
Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Neysa Culligan Regulatory Specialist III Letter Number: 821A00006531

"Other Business Entity"



Into Florida Limited Liability Company

Articles of Conversion

For

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: Beyond Asana, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (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)
6/15/2020 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: Beyond Asana, 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 <u>23</u>	day of February	20 <u>_ </u>
<u>Signat</u>	urė of <u>Aut</u> ho	orized Representative of Lin	nited Liability Company:
Simate	ura of Author	ized Representative	Mara 1
Deintod	ure or Aumor Nama: Heath	er Artman	Title: President
rimed	r Name, ricari	or / windi	Title. Tresident
Signat	ure(s) on beh	alf of Other Business Entity:	[See below for required signature(s)]
Cirman		rtman	
Drinted	Nama: 1-64	7162 127 1001	Title: PIZESIDENT
rimed	Manie. 14 Ber	17-17-15 TYPE I MIATO	Title. [- 12] 12.5
Signati	ire:		
Printed	l Name:		Title:
			
Signati	ire:		
Printed	Name:		Title:
Signati	are:		Title:
Printed	l Name:		Title:
Signati	ire:		
Printed	l Name:		Title:
Timed	rvanie	•	ride.
Signati	are:		
			Title:
			
If Flor	ida Corporat	rion:	
Signati	are of Chairma	an, Vice Chairman, Director, c	or Officer.
If Dire	ctors or Office	ers have not been selected, an	Incorporator must sign.
		Partnership or Limited Liab	ility Partnership:
Signati	ure of one Ger	ieral Partner.	
If Flow	ida Limitad I	Dartnarchin ar Limitad Liabi	lity Limited Dartnership
		Partnership or Limited Liab Jeneral Partners.	mty Limited Partnersing.
Jignati	ines of ABE	denoral Partitors.	
All oth	iers:		
	ure of an author	orized person.	
Ŭ		•	
Fees:			
	Articles of C	Conversion:	\$25.00
		rida Articles of Organization:	
	Certified Co	_	\$30.00 (Optional)
	Certificate o	• •	\$5.00 (Optional)
			, ,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Beyond Asana, LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
2301 Sea Island Dr	2301 Sea Island Dr	
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Heather Artman	n Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Heather Artman	n Registered Agent. You must designate an individu	ual or another
The name and the Florida street address of Heather Artman 2301 Sea Island Dr	n Registered Agent. You must designate an individu	ual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Heather Artman 2301 Sea Island Dr	n Registered Agent. You must designate an individu	aal or another

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> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Heather Artman
	2301 Sea Island Dr
	Fort Lauderdale, FL 33301
	· · · · · · · · · · · · · · · · · · ·
	()3
(Use attachment if necessary)	<u>₹</u>
	(A) (C) (C) (T)
CLE V: Other provisions, if any.	S in the second
	_
	<u></u>
REQUIRED SIGNATURE:	
- 2.0	
CHH man	

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.

I-FATHEIZ ARTMAN

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)