L21000246992

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

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D O'KEEFE MAY 27 2021

W21-11780





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2021

ASAD AAZAMI SAN DIEGO CPA, A PROFESSIONAL TAX & ACCO 5703 OBERLIN DR STE 203 SAN DIEGO, CA 92121

SUBJECT: ENABLE GROWTH Ref. Number: W21000011780

We have received your document for ENABLE GROWTH and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 821A00002501

2021 HAR 29 PH 1:50

FILE

www.sunbiz.org

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COVER LETTER

TO:	New Filing S Division of C				
CLID		GROWTH, LLC			
SUB	JECT:		sulting Florida Limit	ed Con	npany)
Busin	ness Entity" into	a "Florida Limited L	iability Company		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
ASAD) AAZAMI				
		(Contact Person)			
SAN I	DIEGO CPA, A P	PROFESSIONAL TAX &	ACCOUNTANCY		
		(Firm/Company)			
5703	OBERLIN DR S1	ΓE 203			
		(Address)			
SAN	DIEGO, CA 9212	21			
	(0	City, State and Zip Code)			
barda	ay.derek@gmail.d	com			
E-1	mail Address: (to b	pe used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
ASAD) AAZAMI		at (⁸⁵⁸	246-6	6519
	(Name of Conta	ict Person)		(Day	rtime Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fc & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		New I Divisi	Address: Filing Section on of Corporations Jentre of Tallahassee

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.

ENABLE GROWTH, 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)
on JULY 03, 2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ENABLE GROWTH, 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.

21 MAR 29 PM 1: 13 SECRETARE OF STATE TALLAHASSEE, FLORD)

Signed this 26 day of FEBRUARY 20	
Signature of Authorized Representative of Limited Liability	Company:
Signature of Authorized Representative: derek barclay Printed Name: DEREK BARCLAY Title PRES	SIDENT
Signature(s) on behalf of Other Business Entity: See below fo	r required signature(s)]
Signature: derek barclay Printed Name: DEREK BARCLAY Title: PRE	
Printed Name: DEREK BARCLAY Title: PRE	SIDENT
Signature: Title:	
Printed Name: Title:	
Signature: Title:	
Printed Name: Title:	
Signature: Title:	
Printed Name: Title:	
Signature: Title:	
Printed Name: Title:	
Signature: Title:	
Printed Name: little:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.	
If Directors or Officers have not been selected, an Incorporator mu	ist sign.
If Florido Conoral Partnership on Limited Lighility Partnership	150 X
If Florida General Partnership or Limited Liability Partnershi Signature of one General Partner.	LAHAR P
If Florida Limited Partnership or Limited Liability Limited Pa	artnershin:
Signatures of <u>ALL</u> General Partners.	
All others:	l: 13 STATE LORIDA
Signature of an authorized person.	ün ω •
Fees:	•
Articles of Conversion: \$25.00	

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

npany, "L.L.C.," or "LLC.") pal office of the Limited Liability (ailing Address:	Company	
	Company	
	Company	
ailing Address:		
330 3RD ST SOUTH #518		
r. PETERSBURG, FL 33702	-	
cred agent are.	N N	
ASS	29	
ASSEE, 1	29	
x <u>NOT</u> acceptable)	ELEU 29 PM	
K NOT acceptable) FL 33702	29	
33702 SE	ELEU 29 PM	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	DEREK BARCLAY
MGR	330 3RD ST #518
	ST. PETERSBURG, FL 33701
	31. FETERSBONG, TE 33701
(Use attachment if necessary)	₩ 2
,,	
ARTICLE V: Other provisions, if any.	7.29 ASS
· , , , , , , , , , , , , , , , , , , ,	m.,
	<u> </u>
REQUIRED SIGNATURE:	RDA ADA
dana	h harclass
	ek barclay

Signature of a member or an authorized representative of a member

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.

DEREK BARCLAY

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)