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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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SEERG MÀT OF STATE FALLAHASSEE, FLORIDA

2891 MAY -L AM B.

COVER LETTER

TO:	New Filing S Division of C				
SUBJ	ECT: Meduca	le Global, LLC			
	***************************************		sulting Florida Li	mited Co	mpany)
The ci Busin	nclosed Article css Entity" inte	rs of Conversion, Artic o a "Florida Limited L	eles of Organiz iability Compa	ation, ar my" in a	nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please	rctum all corr	espondence concernin	g this matter to	Σ	
Lawre	nce Sherman				
		(Contact Person)		 -	
Medu	cate Global, LLC				
		(Firm/Company)			
465 P	inellas Bayway (S #302			
		(Address)	·		
Tierra	Verde, FL 3371	5			
	(1	City, State and Zip Code)			
_	cate@gmail.com				
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther informati	on concerning this ma	tter, please cal	l:	
Lawre	nce Sherman		at (202	975-	8141
	(Name of Conta	ict Person)	(Area Cod	le) (Day	8141 /time Telephone Number)
		or the following amou a bank located in the		proces:	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	☐\$155,00 Filing Fees and Certificate of Status	□\$180,00 Fiti and Certified C		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Adda New Filing So Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		New I Divisi The C 2415	Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303

INBS11 (7/17)

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 filling of the Articles of Conversion is: Meducate Global, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Clinter 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 (rust, etc.)
First organized, formed or incorporated under the laws of Virginia (Enter state, or if a non-U.S. entity, the name of the country)
January 19, 2019 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:
Meducate Global, 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.

2821 HAY -4 AM 8: 21

Signed this 29th day of April	2021
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative:	w(1).c
Print I No. of Authorized Representative:	WOW .
Printed Name; Lawrence Sherman	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: (IuwAu)	
Printed Name: Lawrence Sherman	Title: President
Signature:	
Signature:Printed Name:	Title
The state of the s	FINIC.
Signature:	
Printed Name:	Title:
Signature;	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title
Timed istance.	Title.
<u>If Florida Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
<u>If Florida General Partnership or Limited Liabil</u>	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Transfer of the administration.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
- viiiiwaie of thinks.	wama (Optional)

4.13721.634.43.4.34		
ARTICLE 1 - Name: The name of the Limited Liability Compan	y is:	
Meducate Global, LLC		
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address:		
The mailing address and street address of the	or principal office of the Limite	d Liability Company is:
and since dudiess of the	se principal office of the Emilie	d Datimity Company is.
Principal Office Address:	Mailing Address:	
465 Pinellas Bayway S	465 Pinellas Bayway S	
#302	#302	
Tierra Verde, FL 33715	Tierra Verde, FL 33715	
465 Pinellas Bayway S #3	lame	
Tierra Verde	FL ³³⁷¹⁵	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and compleace of the obligations of my position as	ed in this certificate, I hereby acc pacity. I further agree to compl ete performance of my dutics, an	ept the appointment as wwith the provisions of all ed I am familiar with and

	13"	I' 1	1.1		137
11	10	11	١.	LE.	[V -

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

'AMBR" - Authorized Member	Name and Address:
'MGR" - Manager	
AMBR	Lawrence Sherman
	465 Pinellas Bayway S #302
	Tierra Verde, FL 33715
·	
-	
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Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
,	
E. V: Other provisions, if any.	
,	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, Lam awa
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Lawrence Sherman	with section 605.0203 (1) (b), Florida Statutes, I am awa ment to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Lawrence Sherman	with section 605.0203 (1) (b), Florida Statutes, Lam awa