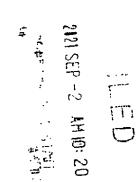
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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2021

SCOTT A. MOORE 913 BEAL PARKWAY NW, SUITE A, #136 FORT WALTON BEACH, FL 32547

SUBJECT: MOORE LIFE LEADERSHIP, LLC

Ref. Number: W21000092584

We have received your document for MOORE LIFE LEADERSHIP, 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):

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.

Lillie S Kervin Regulatory Specialist II

Letter Number: 221A00014567



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2021

SCOTT A. MOORE 913 BEAL PARKWAY NW, SUITE A, #136 FORT WALTON BEACH, FL 32547

SUBJECT: MOORE LIFE LEADERSHIP, LLC

Ref. Number: W21000092584

We have received your document for MOORE LIFE LEADERSHIP, 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.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 421A00018296

#### **COVER LETTER**

TO:	New Filing S Division of O						
SHR.		ife Leadership, LLC					
JUDA	JEC 11.		sulting Florida Lin	nited Co	mpany)		
		es of Conversion, Artic o a "Florida Limited L					ЭГ
Pleas	e return all corr	respondence concernir	ng this matter to	:			
Scott	A. Moore						
		(Contact Person)					
Moore	e Life Leadership	o, LLC					
		(Firm/Company)		<del></del>		£ 2	
913 B	seal Parkway NW	/ Suite A 136				21 S	
		(Address)		_		2121 SEP -2	٠.
Fort V	Valton Beach, Ft	_ 32547					
	(	City, State and Zip Code)				AM ID: 20	- l
scott@	@moorelifelead.c	com				<b>5</b>	(
E-1	mail Address: (to l	oe used for future annual re	port notifications)	<del></del>		20	
For fu	urther informati	ion concerning this ma	itter, please call	:			
Scott	A. Moore		at ( <sup>804</sup>	)314-	6313 ytime Telephone Number		
	(Name of Cont	act Person)	(Area Cod	e) (Da	ytime Telephone Number	)	
		for the following amou		proces	sed by this office mus	st be payable in US	
(\$25 fd & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The (	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Su		

Tallahassee, FL 32303

## **Articles of Conversion**

For

### "Other Business Entity"

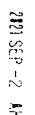
Into

#### 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 Conversion is:  Moore Life Leadership, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation  (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)
May 6, 2006 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:  Moore Life Leadership, 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 30th day of July	20 <u>2 [</u>		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative: Printed Name: Scott A. Moore	Scoff Moo P Title: Owner		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature: Scott A. Move	Title: Authorized Person/Ou	wnes	
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv Limited Partnership:		
All others: Signature of an authorized person.			
Fees:		<b>\$</b>	(N.)
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	The state of the s	121 SEP -2 1

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	S:	
Moore Life Leadership, LLC		
(Must contain the words "Limited Liabi	lity 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:	
913 Beal Parkway NW	913 Beal Parkway NW	
Suite A 136	Suite A 136	
Fort Waltonn Beach, FL 32547	Fort Walton Beach, FL 32547	<del>,</del>
The name and the Florida street address of the Scott A. Moore		
Nar	ne	
913 Beal Parkway NW Suite	A 136	
Florida street address (P.		
Fort Walton Beach	FL <sup>32547</sup>	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accepticity. I further agree to comply we performance of my duties, and	ot the appointment as with the provisions of all I am familiar with and
Registered Agent's Sig	gnature (REQUIRED)	121 SEP
(CONTI	NIIFD)	r.) ;
(CONTI	nold)	معهدية
		5 D

A	D'	11	~	•	L.	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 MGR AMBR	Scott A, Moore 913 Beal Parkway NW Suite A 136 Fort Walton Beach, FL 32547
<del></del>	
	21 21 S
(Use attachment if necessary)	* TT 12
FICLE V: Other provisions, if any.	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5
REQUIRED SIGNATURE:	Moore
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony

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)