1000410476

(Requestor's Name)
(Address)
(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:
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Office Use Only

E 1 7. 2021 T. SCOTT



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July 9, 2021

CARROLL SUDLER AUDIENCES UNITED LLC P.O. BOX 320185 TAMPA, FL 33679

SUBJECT: AUDIENCES UNITED, LLC

Ref. Number: W21000092518

We have received your document for AUDIENCES UNITED, 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):

Conversion must be sign.,

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: 221A00014547

COVER LETTER

TO: New Filing Some Of Open Street Division O				
	ICES UNITED, LLC			
	(Name of Re	sulting Florida Lin	nited Co	mpany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organiza iability Compar	tion, a ıy" in (nd fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please return all corr	espondence concernir	ng this matter to:	·	
CARROLL SUDLER.	MGR			
AUDIENCES UNITED	(Contact Person)), LLC		_	
PO Box 320185 Tampa FL 33679	(Firm/Company)		_	
TAMPA, FL 33679	(Address)		_	
HARRISON@GOHAR	City, State and Zip Code) RISON.COM	-, ,,,		
F-mail Address; (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
CAROLL SUDLER, M	GR	310 at (737-	8255
(Name of Conta	ct Person)) (Day	ctime Telephone Number)
Imclosed is a check I dollars and drawn on	or the following amou a bank located in the	ınt: (All checks _l United States)	process	sed by this office must be payable in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	☐\$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 Addr New Filing Sc Division of Co P.O. Box 632	ection orporations		New I Divisi	t Address: Filing Section ion of Corporations
Taffahassee, F				entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

AUDIENCES UNITED, LLC.	f Other Business Entity)
(Enter Name o LIMITEI	of Other Business Entity) D LIABILITY COMPANY
2. The "Other Business Entity" is a	
	tion, limited partnership, general partnership, common law or business trust, etc CALIFORNIA
First organized, formed or incorporated und	er the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
AUGUST 25, 2014	
on	
was or organization, remaining in mediporation	.,
3. The name of the Florida Limited Liabilit AUDIENCES UNITED, LLC.	y Company as set forth in the attached Articles of Organization:
(Entry Many of Charleto	
(Enter Name of Florida	Limited Liability Company)
4. If not effective on the date of filing, enter (The effective date: Cannot be prior to da	r the effective date:
4. If not effective on the date of filing, enter (The effective date: Cannot be prior to da the date this document is filed by the Flor	r the effective date: te of receipt or filed date nor more than 90 calendar days after rida Department of State.) t the applicable statutory filing requirements, this date will not be listed as the
4. If not effective on the date of filing, enter (The effective date: Cannot be prior to dathe date this document is filed by the Flor Note: If the date inserted in this block does not meet	r the effective date: te of receipt or filed date nor more than 90 calendar days after rida Department of State.) t the applicable statutory filing requirements, this date will not be listed as the e's records.

Signed this 1	6 day of JUNE	20 2)
Signature o	f Authorized Representative of Lin	nited Liability Company:
Charatan C C	"A colonido ad Domaio acontación a	
- Signature or - Printed Noon	Authorized Representative:e; CARROLL SUDLER	Title: MANAGER
Tanted (Nam)	e en more dobren	THIC: WATAGET
		[See below for required signature(s)]
≕snature: _		
Pinted Name	CERROLL SUNEA	Title: MANAGER
Printed Name	(*)	Title:
		Title.
Signature:		
Printed Name	e:	Title:
Signature: _		Title:
Printed Name	e:	Title:
Sianatuse		
Printed Name		Title:
· · · · · · · · · · · · · · · · · · ·		THIC.
Signature: _		
Printed Name	e;	Title:
If Florida Co Signature of		· Officer.
	eneral Partnership or Limited Liabil one General Partner.	lity Partnership:
	mited Partnership or Limited Liabil ALL General Partners.	ity Limited Partnership:
All others: Signature of a	an authorized person.	
<u>Fees:</u>		
Artic	les of Conversion:	\$25.00
	for Florida Articles of Organization:	\$125.00
	fied Copy:	\$30.00 (Optional)
	ficate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

AUDIENCES UNITED, LLC.	
(Must contain the words "Limited Liability 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:
2109 BAYSHORE BLVD	P.O. Box 320185
511	TAMPA, FL 33679
TAMPA, FL 33606	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

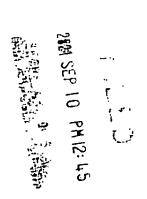
The name and the Florida street address of the registered agent are:

2109 BAYSHORE BLVD. #	511
Florida street address (P	.O. Box <u>NOT</u> acceptable)
TAMPA	33606
	FL FL
City	710

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>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
2	CARROLL SUDLER, MGR			
	2109 BAYSHORE BLVD, 511			
	TAMPA, FL 33606			
	77111171.12 00000			
				
				
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
•				
DEAGIDEN SICNATURE.				
REQUIRED SIGNATURE:				
				

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.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)