L21000418296

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(en,) otato zipi, nana nj
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consistent of the Constant of
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALL PROCSEE, FL

COVER LETTER

Division of C					
SUBJECT: Coaching	with Carolyn LLC				
30bJEC1	(Name of Res	ulting	Florida Limi	ted Com	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this	matter to:		
Carolyn Jones					
	(Contact Person)		-	=	
Coaching with Carolyn	LLC				
	(Firm/Company)			-	
1211 Redwood Ln.					
	(Address)			-	
Gulf Breeze, FL 32563					
((City, State and Zip Code)			-	
cjsparkachange@gma	il.com				
E-mail Address: (to b	e used for future annual re	port n	otifications)	_	
For further information	on concerning this ma	tter, j	please call:		
Carolyn Jones		at (815	\690-1	651
(Name of Conta	ict 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 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180,00 Filing Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add					Address:
New Filing Solvision of C					Filing Section of Corporations
P.O. Box 632	-				entre of Tallahassee
Tallahassee, I				2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

FD

Articles of Conversion For Other Business Entity"

"Other Business Entity"

Into

SECREAMY OF STATE TALLAS SSEE, FL

2021 SEP 21 PM 12: 28

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: Coaching with Carolyn 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)
(Enter state, or if a non-U.S. entity, the name of the country)
02/19/2019 on
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Coaching with Carolyn 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 17 day of September	_ 20 <u>_ 2.J</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Carolly Printed Name: Carolyn Jones	yn Jones
Printed Name: Carolyn Jones	Title: Sole Mbr
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Cuolign Horres Printed Name: Carolyn Jones	Title: Sole Mhr
Printed Name: Carbiyii Jones 🗸	Title. Gold Moi
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Trined Name.	
Signature:Printed Name:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
version of the state of the little	to Doute and in
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one Ceneral Lattice.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others	
All others: Signature of an authorized person.	
C.S. Wallet C. W. Carlotte C. W. Car	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:	
Coaching with Carolyn LLC		
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
1211 Redwood Ln	1211 Redwood Ln	
Gulf Breeze, FL 32563	Gulf Breeze, FL 32563	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Agent' Registered Agent. You must designate an indiv	's Signature: cidual or another
The name and the Florida street address of	the registered agent are:	2021 SEP 21 PH 12: 28 SECULTATION OF STAT
Carolyn Jones		THE PER !!
N	lame	24 P
1211 Redwood Ln		
Florida street address (P.O. Box NOT acceptable)	H SI R
Gulf Breeze	FL 32563	26 PATE
City	Zip	, -

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	
AMBR	Carolyn Jones
	1211 Redwood Ln
	Gulf Breeze, FL 32563
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Use attachment if necessary)	ن الله
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	T :
LE V: Other provisions, if any.	
	<u> </u>
REQUIRED SIGNATURE:	
	2
required signature: 	<u></u>
Cowlyn Jones	
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Carolyn Jones	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
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Carolyn Jones	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Illinois Form LLC-5.5 **Limited Liability Company Act Articles of Organization** FILE # 07543743 FILED Secretary of State Jesse White Filing Fee: \$150 Department of Business Services FEB 13 2019 Limited Liability Division Jesse White www.cyberdriveillinois.com **AJW** Approved By: Secretary of State

1. Limited Liability Company Name: COACHING WITH CAROLYN LLC

Address of Principal Place of Business where records of the company will be kept:
 630 LIBERTY CT

BOURBONNAIS, IL 60914

- 3. The Limited Liability Company has one or more members on the filing date.
- 4. Registered Agent's Name and Registered Office Address:

CAROLYN JONES 630 LIBERTY CT BOURBONNAIS, IL 60914-4664

- Purpose for which the Limited Liability Company is organized:
 - "The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."
- 6. The LLC is to have perpetual existence.
- 7. Name and business addresses of all the managers and any member having the authority of manager:

JONES, CAROLYN 630 LIBERTY CT BOURBONNAIS, IL 60914

Name and Address of Organizer

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: FEBRUARY 13, 2019

CHEYENNE MOSELEY 101 N. BRAND BLVD., 11TH FLOOR GLENDALE, CA 91203