

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Addiess)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , ,                                     |
| (Document Number)                       |
| (Excument Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| j                                       |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



300374778973

10/12/21--01048--011 \*\*180.00

2621 COT 12 PN 12: 44

## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |                                    |  |
|---|------------------------------------|--|
| SUBJECT: INVENTION ADVANTAGE, LL  | .C                                 |  |
| (Name of Re   | esulting Florida Limit             | ed Company)  |
| The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited L   | •                                  | on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.                                  |
| Please return all correspondence concerning   | ng this matter to:                 |  |
| Anthony Morales   |                                    |  |
| (Contact Person)  |                                    |  |
| MyUSACorporation.com  |                                    |  |
| (Firm/Company)  |                                    |  |
| 1 Radisson Plaza, Suite 800   |                                    |  |
| (Address)   |                                    |  |
| New Rochelle, NY 10801  |                                    |  |
| (City, State and Zip Code)  |                                    |  |
| info@myusacorporation.com   |                                    |  |
| E-mail Address: (to be used for future annual r   | report notifications)              |  |
| For further information concerning this ma  | atter, please call:                |  |
| Anthony Morales   | at (877                            | 3302677  |
| (Name of Contact Person)  | (Area Code)                        | (Daytime Telephone Number)   |
| Enclosed is a check for the following amo dollars and drawn on a bank located in the  | •                                  | rocessed 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 | · · · · · · · · · · · · · · · · · · ·  |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                                    |                                    | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

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: INVENTION ADVANTAGE, 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.)   |
| First organized, formed or incorporated under the laws of   |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| 10/22/2017<br>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:   |
| INVENTION ADVANTAGE, 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.)                                 |
| <u>Note:</u> 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 4th                          | day of October   | _ 20_21                              |
|--|--|--------------------------------------|
| Signature of Auth                        | norized Representative of Limi   |                                      |
| Signature of Author                      | rized Representative: Color  | te Stevenson                         |
| Printed Name: Cela                       | ste Stevenson  | Title: Member                        |
| TIMOG Panto.                             |  |                                      |
| Signature(s) on be                       | half of Other Business Entity: [   | See below for required signature(s)] |
|  |  |                                      |
| Signature:                               | leste Stevenson  |                                      |
| Printed Name: Cele                       | ste Stevenson  | Title: Member                        |
|  |  |                                      |
| Signature:                               |  |                                      |
| Printed Name:                            |  |                                      |
|  |  |                                      |
|  |  |                                      |
| Printed Name:                            |  | _ Title:                             |
|  |  |                                      |
| Signature:                               |  |                                      |
| Printed Name:                            |  | Title:                               |
| _  |  |                                      |
| Signature:                               |  | m*A.                                 |
| Printed Name:                            |  | Title:                               |
| ••                                       |  |                                      |
|  |  | Title:                               |
| Printed Name:                            |  | 11uc                                 |
|  | ation:<br>nan, Vice Chairman, Director, or<br>cers have not been selected, an In |                                      |
| If Florida General<br>Signature of one G | <u>l Partnership or Limited Liabili</u><br>encral Partner.                       | ty Partnership:                      |
| If Florida Limited<br>Signatures of ALL  | Partnership or Limited Liabili<br>General Partners.                              | ty Limited Partnership:              |
| All others:<br>Signature of an aut       | horized person.  |                                      |
| Fees:                                    |  |                                      |
| Articles of                              | Conversion:  | \$25.00                              |
| •  | orida Articles of Organization:  | \$125.00                             |
| Certified C                              | _  | \$30.00 (Optional)                   |
| Certificate                              |  | \$5.00 (Optional)                    |
| ~  |  | * <b>=</b> *                         |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   | INVENTION AD  |  |
|---|---|--|
| (M  | ust contain the words "Limited Liabi  | lity Company, "L.L.C.," or "L.L.C.")   |
| <b>ARTICLE II - A</b> e<br>The mailing addre                    |   | principal office of the Limited Liability Com  |
| Principal Office  | Address:  | Mailing Address:   |
|   |   |  |
| 6421 N Florida Ave  | ., Suite D - 1129   | 6421 N Florida Ave., Suite D - 1129  |
| ARTICLE III - F (The Limited Liability Countries entity with an | Registered Agent, Register  | Tampa, FL 33604  ed Office, & Registered Agent's Signature istered Agent. You must designate an individual or another  |
| ARTICLE III - F (The Limited Liability Countries entity with an | Registered Agent, Register (Company cannot serve as its own Registration.)  Florida street address of the                                       | registered agent are:  |
| ARTICLE III - F (The Limited Liability Countries entity with an | Registered Agent, Register (Company cannot serve as its own Regactive Florida registration.)  | Tampa, FL 33604  ed Office, & Registered Agent's Signature istered Agent. You must designate an individual or another e registered agent are:  ces, Inc.                 |
| ARTICLE III - F (The Limited Liability Countries entity with an | Registered Agent, Register ( Company cannot serve as its own Registration.)  Florida registration.)  Florida street address of the Incorp Servi | Tampa, FL 33604  ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another e registered agent are:  ces, Inc.                |
| ARTICLE III - F (The Limited Liability Countries entity with an | Registered Agent, Register ( Company cannot serve as its own Registration.)  Florida street address of the Incorp Servi Nar                     | Tampa, FL 33604  ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another e registered agent are:  ces, Inc.                |
| ARTICLE III - F (The Limited Liability Countries entity with an | Registered Agent, Register ( Company cannot serve as its own Registration.)  Florida street address of the Incorp Servi Nar                     | Tampa, FL 33604  ed Office, & Registered Agent's Signature istered Agent. You must designate an individual or another e registered agent are:  ices, Inc. ine ourt North |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager AMBR  Celeste Stevenson 134 Vintage Park Bive Houston, TX 77070  (Use attachment if necessary)  LE V: Other provisions, if any.  | 2 21 00 F 2 P 112: 4 |
|---|----------------------|
| Celeste Stevenson 134 Vintage Park Blve Houston, TX 77070  [Use attachment if necessary]  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 2/2/ OCT 2 PH2:      |
| (Use attachment if necessary)  LE V: Other provisions, if any.  | 2/2/ OCT 2 PH2:      |
| (Use attachment if necessary)  LE V: Other provisions, if any.  | 2/2/ OCT 2 PH2:      |
| (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:   | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 21007 2 PH2:         |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 007 2 PH2:           |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 2 P 112:             |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 2 P 112:             |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | P : 12:              |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 2                    |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | 2                    |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  |                      |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:  | <del></del>          |
| REQUIRED SIGNATURE:   | <u>+</u> -           |
|   |                      |
| Celeste Stevenson   |                      |
| Signature of a member or an authorized represent This document is executed in accordance with section 605.0203 (1) (b), any false information submitted in a document to the Department of State as provided for in s.817.155, F.S. |                      |
| CELESTE STEVENSON   |                      |
| Typed or printed name of sig  |                      |

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