12/00459501

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WZ1000109346

Office Use Only

VU21000/09346

OCT 2 2 2021

i. SCOTT



100370838201

229 GCT 21 AHTT: 59



September 20, 2021

JONATHAN SNOW 4775 COLLINS AVENUE #1503 MIAMI, FL 33140

SUBJECT: SOCIAL CADRE LLC Ref. Number: W21000109346

We have received your document for SOCIAL CADRE 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 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: 921A00018540

COVER LETTER

Division of Corporations	
SUBJECT: SOCIAL CADRE, LLC	
(Name of	Resulting Florida Limited Company)
	rticles of Organization, and fees are submitted to convert an "Othe I Liability Company" in accordance with s. 605,1045, F.S.
Please return all correspondence concern	ning this matter to:
JONATHAN SNOW	
(Contact Person)	
(Firm/Company)	 •
4775 COLLINS AVENUE #1503	
(Address)	
MIAMI, FL 33140	
(City, State and Zip Cod	e)
JON@THESNOWAGENCY.COM	
E-mail Address: (to be used for future annua	Freport notifications)
For further information concerning this (matter, please call:
JONATHAN SNOW	at (732)766-0135
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in th	nount: (All checks processed by this office must be payable in US he United States)
■ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	s = \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{
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 and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with 8.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SOCIAL CADRE LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a (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)
03/03/2017
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SOCIAL CADRE 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.

Sign	ned this <u>16TH</u>	day.of`JULY	20 <u></u> 1
<u>Sig</u> i	nature of Autho	rized Representative of Lin	nited Liability Company:
Sign Prin	nature of Author ited Name:JONAT	ized Representative: //w/	Title: MEMBER
<u>Sig</u> i	nature(s) on beha	alf of Other Business Entity:	[See below for required signature(s)]
Sign	nature:	1.1	Title: Member
7 Prin	ted Namy. 30	nathan Snow	Title: <u>Member</u>
/ Sign	nature:		
Prin	ted Name:		Title:
Sign Prin	iature: ted Name:		Title:
	ted Parite,		
Sign	nature:		Title:
Prin	ted Name:		Title:
Sign	ature:		
Prin	ted Name:		Title:
61	•		
Sign	iature: ted Name:		Title:
	cct , vanie		11102
Sign If Di <u>If F</u> I	rectors or Officer orida General P	n, Vice Chairman, Director, or is have not been selected, an Ir artnership or Limited Liabil	ecorporator must sign.
Sian	ature of one Cienc	erat Partner.	
	orida Limited Pa atures of <u>ALL</u> Ge	artnership or Limited Liabil eneral Partners.	ity Limited Partnership:
	others: ature of an author	rized person.	
Fees	<u>:</u>		
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organization: y:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Compan	ny is:
SOCIAL CADRE LLC	
(Must contain the words "Limited L	nability Company, "L.E.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4775 COLLINS AVENUE #1503	125 RIVER ROAD SUITE 105
MIAMI, FL 33140	EDGEWATER, NJ 07020
	tered Office, & Registered Agent's Signature: Registered Agent, You must designate an individual or another
The name and the Florida street address of	the registered agent are:
JONATHAN SNOW	
,	Name
4775 COLLINS AVENUE	#1503
Florida street address ((P.O. Box <u>NOT</u> acceptable)
MIAMI	_{FL} 33140
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)

ΛR	ΉI	CL	ŀ	יו	V -

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" – Manager	JONATHAN SNOW
AMBR	4775 COLLINS AVENUE #1503
	MIAMI, FL 33140
	MINIMA, I E 00140
MEMBER	DANIEL SNOW
	2020 N. BAYSHORE DRIVE #1008
	MIAMI, FL 33137
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Arlt	
Milet	
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
 any false information submitted in a docur as provided for in s.817.155. F.S. 	ment to the Department of State constitutes a third degree f
as provinced for in s. 617. 125. 17.5.	
Jonathan Ja	ped or printed name of signee
Тур	ped 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)